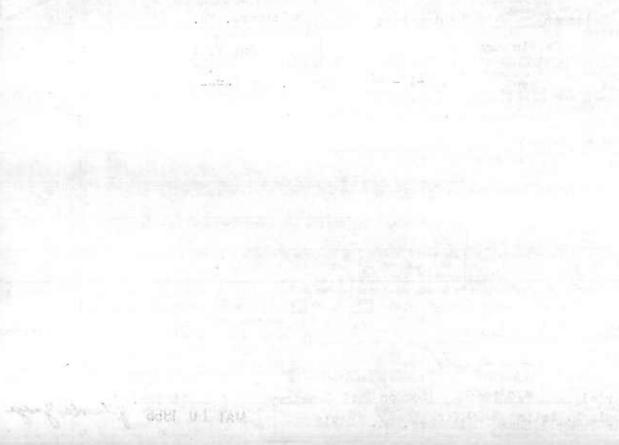
X	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
M)	06303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06299
	1. PLACE OF DEATH O. COUNTY  AACO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residue) O. STATE  MARYLAND	dence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)  Ballower  Ballower	give nearest town)
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  D.O.A - NOR (h. ARCNDEL - HOS & 2568 Have for a lovel	e. IS RESIDENCE ON A FARM? YES NO
133	3. NAME OF First Middle Last 4. DATE Manth OF OF DECEASED (Type or print) Nelsow And DECEASED OF DEATH 5	Day Year
S	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years birthday)  White  WIDOWED  DIVORCED  5-1-05  9. AGE (In years birthday)  Months	
d	during most of working life, even if retired) Salesman  NDUSTRY Automobile  Baltimore, Md.	CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME  Calvin Amy  Edna V. ?	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes Navy  16. SOCIAL SECURITY NO. Olga E. Amy (Same)  Address  Same	
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave )  (b)	INSET AND DEATH
	rise to immediate cause (a), stoting the underlying couse lost. (b)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CEPTICIA	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED While at wark a	County) (State)
	21. I certify that I took thorge of the remains described abave, held an Autapsy, Inspection, Inquiry death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	ond in my opinion
2	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
2	NAME (Type)  230. BURIAL, CREMATION, REMOVAL (Specify) Burial  5/9/1966  Loudon Park Cemetery  Baltimore Md  Baltimore Md	(County) (State)
34	Burial 15/9/1966 Loudon Park Cemetery Baitimore, Md. 24 FUNERAL DIRECTOR FOR SECULAR REGISTRAR 1966. RECORD RECORD RECORD RESISTANCE PROPERTY OF THE PARTY OF THE	ESSEMBLE LINGE



ATTEM BETTER TO THE TOTAL OF TH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06304 CERTIFICATE OF DEATH death. executed within 24 hours after death. by the funeral Pages I and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY a. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND mave carban papers. Pages 1 ny event, within 72 haurs after c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY DR TDWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Annapolis Annapolis
d. NAME DF HOSPITAL DR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in Anne Arundel General Hospital 320 Burnside St. YES NO X 4. DATE Manth Year 3. NAME OF Middle Day DECEASED 1966 ATWELL May William Weslev DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 63 birthday) Manths Days Hours Feb. 28, 1903 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) requires that the death certificate be COUNTRY ?S INDUSTRY / Maryland 13. FATHER'S MAME burial, crematian, ar remaval, Address 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMAN** permit. (Yes, no, prunknown) (If yes give wor or dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) signed by the c burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been rirector, page 3 should be detached far use as the hauld be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO outry direan. e on an am 2DS. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 2Dg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour a.m. Not While 21. I certify that (1) (this baseited) attended the deceased from , 19 Ca to May 1 and that death accurred at M. fram causes and an the date stated above. saw the deceosed alive an. 4:00 AM 22b. DAJE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d.) LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) 9 **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ochanles

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06305

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06301

FRE	_	00000		CERTIFICATE OF DE		00004
DEPT.		LACE OF DEATH		2. USUAL RESIDENCE (Where d	eceosed lived, if institution: Resider	nce before admission)
± €		Anne Arundel	MARYLAND	o. STATE Maryland	b. COUNTY	a Daniel
e state Department 72 hours after deat		CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		rporote limits, write RURAL and giv	re neorest town)
after death.		write RURAL and give nearest town) Ferndale		Baltimo	ce	02-1
S Of		. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Inor		Ferndale Police Sta	tion	10 Nann Avenu	e-Linthicum	ON A FARM? YES NO
72		IAME OF First	Middle	Lost 4. DA		Doy Year
		Type or print) CALVIN	С.	AYERS DE	ATH May	4 19 66
	S.		ET	. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR   IF UNDER 24 HR Doys Hours Mir
-		ale White wido		Sept. 24,1925	40 yrs.	
	duri	USUAL OCCUPATION (Give kind of work done of working life, even if retired)  Carpenter	Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or forei	gn country)   12. Cl	TIZEN OF WHAT
	_		Local 1145	Mount Airy, No	orth Carolina	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		William Ayers		Evelyn 1	Meredith	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) [(If yes give wor or dotes of service)]		NFORMANT	Address	
	`	no, or unknown) (If yes give wor or dotes of service) Yes Korea		s Laverne Ayers	s 10 Nann Ave	Linthicum
		18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) A	sphyxia			ONSET AND DEATH
		DUE TO				
		Conditions, if ony, which gove (b)	Hanging			
		stoting the underlying cause DUE TO	DOMESTIC OF THE PARTY OF THE PA			
		lost. (c)				I I I I I I I I I I I I I I I I I I I
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY PERFORMED? YES X NO
		2Do. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING □	Ob. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or	Port II of item 1B.)	
2	9	CAUSE OF DEATH.	Hanged self.			
	MEDICAL	The state of the s		E OF INJURY (Home, farm, 21	Of. (City or town) (Co	unty) (Stote)
	E	p.m. 5/4 1966 o		ty treet, office bldg., etc.)	Ferndale A.	A. Md
		21. I certify that I took charge of the	e remaips described obove, hel	d on Autopsy 🔀, 🛮 Insp	ection , Inquiry ,	ond in my opini
		death resulted fram: Natural cause	s . Actident . Suici	de 🕱 , Hamicide 🗌 ,	Undetermined manner	
		ACTUAL ()	1	CHIEF MEDICAL EXAMIN		
		SIGNATURE Charles J	1 aly	_M.D. ASSISTANT MEDICAL EXA		22. DATE SIGNE
2		EXAMINER'S NAME (Type) Charles S. 1	Petty, M.D.	DEPUTY MEDICAL EXAMI Address (Street, city, to		5/5/66
	230.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		LOCATION (City or Town)	(County) (Stote)
2		Removal May 5, 19	66 Elks Spur C		Mount Airy, Nort	h Carolina
	24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REC	SISTRAR 2Sb. REGISTRAR'S S	IGNATURE

DATEMAY

Wm.Cook-Brooks, Inc. 1217 St. Paul Street

VR A15ME (5) 6M 1/66 -20 THE 1 -20ES THE HE COESTILL THE COESTILL

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FOR ST	ME	1	16306 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	MARYLAND
HEALTH D	FPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	06302
÷. 8 ≤			a. COUNTY	- STATE	. A .Co .
essary, r. Page files. Health,		-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16		
tor of t			write RURAL end give nearest town)	1	and give nearest town)
o' P		1	ANNAPOITS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel address)	d. STREET ADDRESS	0 2 1
for Boar	99			10	IS RESIDENCE ON A FARM?
y & une inec	= //	3.	NAME OF First Middle	BRICIN. St.	YES NO
f an the f reta	5		DECEASED	3 / O OF	Dey Yeer
E 08	2	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	moeginee p	19 66
de de		ľ	F 84/ -	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	R 1 YEAR   IF UNDER 24 HRS.   Days   Hours   Min.
4 5 a		104	WIDOWED DIVORCED . USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUS	TDV 11 DIDTUDI ACE (Carles of Carles	
1, 2 1, 2 1 an	4	do	ne during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT COUNTRY
noull Bes		13.	STUDEN SCHOOL	I DALTIMORE, 110,	415.
Page Page	= 1 	1.	Fillian II Paravil	14 MOTHER'S MAIDEN NAME	
E E	<u>=</u> '		WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	GLADYS E. MENKE	
With 18.			was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, s. no. og unkown) (Ifyesgivewarordstesofservice)	Address F RASSALLIA	# 2
with		-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	LADYS E. BADENHOOP	
in l in l in l in l			PART I. DEATH WAS CAUSED BY:	4.00	ONSET AND DEATH
ncil alc	i		01011	wes .	Sulden
ild b	· ·		B / 1 4 DUE TO		
of in			Conditions, if any, which gave rise to immediate cause (b)		
ding ding as	5		(a), stating the underlying DUE TO		
pen		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TEDMINAL DISEASE CONDITION CIVEN IN DA	DT 1/ 1/ 10 MAS AUTODSV
Td.		CATION	TAK II. OTHER SIGNATURAN CONDITIONS CONTRIBUTING TO BEATTH BOTT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
wo wo	0	FICA	200. EXTERNAL CAUSE WAS   200. DESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury in Part I or Part Not item 18.)	YES NO
the Alecanon Should be sho	B	CERTIFI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Manual of many means of real of mem 18.7	1
ing ing	5		Celle accept	ACE OF INJURY (Home, farm) 20f. (City or town) (Co	ounty) (State)
Wright of the control	2	MEDICAL	Hour (3.m.) While Not While	ctory, street, office bldg., etc.	d 48 -
EX.	02	×			
J. S. D. C.	7		21. I certify that I took charge of the remains described above, h		and in my opinion
E CO	7		death resulted from: Natural causes . Accident . Sui	cide, Homicide, Undetermined manner [	
DIE			ACTUAL 7	CHIEF MEDICAL EXAMINER	
AL AL	1		SIGNATURE SULLEN	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
OT O D O D O D O D O D O D O D O D O D O D	5 9		EXAMINER'S E. LINHARY.	DEPUTY MEDICAL EXAMINER	5/12-115
DEP Se esse NUN	2,	22a	BURIAL, CREMATION, 226. DATE THEREOF , 22c. NAME, OF CEMETERY C	Address (Street, city, town, or county)  OR CREMATORY  22 LOCATION (City, town, or count)	ry) (Stete)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	R	REMOVAL (Specify) 5-14-16 Hill CPEC	+ Aumanalia	MD
H H	0	23	FUNERAL DIRECTOR	24a. REC'D BY REGISTRAR   2 b. REGISTRAR'S	SIGNATURE
VS. A15ME 5M 9/60	ah	1	hum M. To the Agree ( Lucostis)	MAY 16 1966 goliante	- Queles
	13	4	The free free free free free free free fr	1000	11

MARYLAND STATE DEPARTMENT OF HEALTH

10000 BALTIMORE MD. U.S. Student School WILLIAM H. BADENHOOD CHADYS E. MENKE GLADYS E. BADENHOOD # 2

Burging 5-14-66 Hillcrest ADNAPOLIS NO.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00301	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  ANNE ARUNDEL COUNTY MARYLAND  c. LENGTH OF STAY IN 1b		ARUNDEL and give nearest town)
GLEN BURNIE		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
NORTH ARUNDEL GENERALN HOSPITAL	16 COACH LANE	YES NO T
3. NAME OF First Middle DECEASED	Last   4. DATE Month	Oay Year
(Type or print) HENREITTA L.	BAHR DEATH MAY	25, 19 66
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO	8. OATE OF BIRTH 19. AGE (In years LIFTINGER )	
FEMALE WHITE WIDOWED X DIVORCEO	MARCH 29, 1889 77 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. Ci	IZEN OF WHAT
RETIRED HOMEMAKER INOUSTRY		JNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	.S.A.
DINGES	ELIZABETH	
	INFORMANT Address	21207
	AT DEPON D DATED E427 TEN	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ALBERT R. BAHR, 5427 LEW	ELLEN AVE
PART I. OEATH WAS CAUSED BY: 70.	1. 1.	ONSET AND DEATH
IMMEDIATE CAUSE (a) My otastical	gantien	3 days
DUE TO BOLO.	(	
gave rise to immediate (b)	4	
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
2		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA facto a.m. P.m. 19 at work at work	CE OF INJURY (Home, farm,   20f. (City or town) (Coun	ty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
	1000 1 25 1066	11 -1 (1) ( ) 14
21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on the saw the deceased from the saw the saw the deceased from the saw the saw the deceased from the saw th	death occurred atM, from the causes and on the	
22a. SIGNATURE	death occurred atm, from the causes and on the	E SIGNED
1 the selection	ATTENDING MED. STAFF	27/66
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS.   J	100
NAME (Type)		
	OR CREMATORY 1 23d. LOCATION (City, town or coun	
REMOVAL (Specify)		ty) (State)
BURIAL   5-28-66   WOODLAWN C	EMETERY BALTIMORE MAR	YLAND
	1111 0 4 1000 Mile- No	Quita.
HOWARD H. HUBBARD, 4107 WILKENS AVI	E. #29 MAY 31 1966 Journey	1

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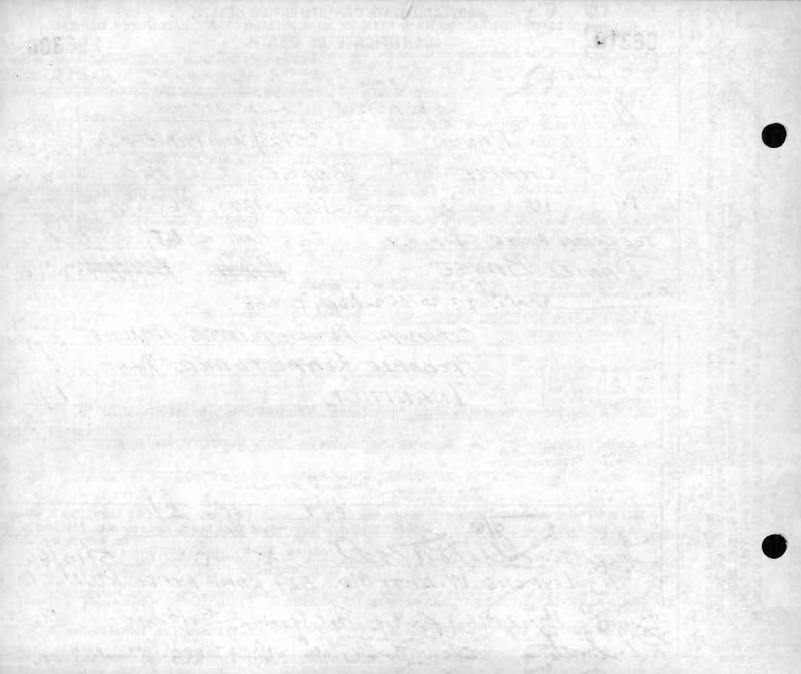
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAKE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay it and 3 to o. COUNTY o. STATE b. COUNTY DACS MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give hearest taw d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? along with form hours 722 Cotten Rong RUNDEL. YES NO 24 hours ofter death. 3. NAME OF Middle Last 4. DATE Month Year Doy DECEASED Bailec 7 within WARKEN (Type or print) DEATH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? heet me tal worker = Medical Exominer's Ony 13. FATHER'S NAME be executed within = puo RRen WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAN SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) removal 215-09-397 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ()) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE & certificate should cremation, DIJE TO Conditions, if ony, which gove rise to immediate couse (a), farworded to DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20o. EXTERNAL CAUSE WAS ogent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20f. (County) (Stote) foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page atwork 21. I certify that took charge of the remains described abave, held an Autapsy Inspection [ Inquiry 7 and in my opinion death resulted from Natural causes Suicide | Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) 0 REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5) DATUN

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1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	06303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06305
HEALTH DEPT.	1. PLACE OF OEATH a. COUNTY  ANUE ARUNDEL MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY  B. STATE  D. MARYLAND
cessary, the funeral 5 may be Department after death.	b) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Write RURAL and give pearest town)  AND ADALIS
Page 5 trate Department	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  o. IS RESIOENCE ON A FARM?  YES \( \sum \) NO \( \sum \)
My de My. My. the S	3. NAME OF DECEASED (Type or print) KAF+HE BASORAT DEATH 5 1966
ith. If a ges 1, 2 form P 2 with within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNOER 1 YEAR   IFUNOER 24 HRS.   Hours   Min.   Hours   Min
er dea ive Pa with I and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or life Bu
ours aft m 18. G e along pages ] I in any	13. FATTIER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
in 24 h	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT
EXAMINER: This certificate should be executed within 24 hound be certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files. Tols: Page 3 should be used as a burial-transit permit. The presignated agent, prior to burial, cremation, or removal-and in	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (a).]  PART I. DEATH WAS CAUSED BY: Cause Consideration of Consideration o
"pending" in "pending" in f Medical Exa burial-transit cremation, or	Conditions, if any, which (b) Due TO Subspension
ould be rd ''pe lief Mer a buri il, crem	gave rise to immediate ceuse (e), steting the underlying cause lest.
icate shou the word the Chie the Chie used as a to burial,	
R: This certificate, writing forwarded to 3 should be agent, prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.  19. WAS AUTOPSY PERFORMED?  YES NO  YES NO  OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ER: This cate, we forwar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Value
the certification of the certi	21. I certify that I took eherge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homlcide , Undetermined manner
Pe t 4 our REC	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
A For A	EXAMINER'S F. L. where It. DEPUTY MEDICAL EXAMINER SITE OF COUNTY)  Address (Street, city, town, or county)
TO DEPUTY please edirector. retained TO FUNER of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)  CREMATION 5-20-66 FT 61000 N BADENSBURG HD-
VR AISME (5) 8	John M. Toylor & Sens aucrolos Md. 1970 & Sens Churcholos Md.
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HERE PHARBORD GEORGEY TOTH EIGHAN MICKERS HUNKELFINK Mes. FRED Krenngers Roenester D CERTIFIED STOLLE THEREITH BROKE STILL FE foll the files for the tenes of the following from the follower

10 1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
F. BUS	06310 CERTIFICATE OF DEATH	306
er death.  e funeral 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE MARYLAND b. COUNTY ANNE.	before admission) ficulo EL
hours after death in by the funerals. Pages 1 and 2: hours after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
fille papel in 72	Karry WOOD Marias	IS RESIDENCE ON A FARM? ES NO
executed within and completely of the carbon party event, within	3. NAME OF First Middle BANGE 4. DATE Month Day OF OF DEATH MAY 13	Year 19 66
tecuted wi	5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years last birthday)  WIDOWED  OIVORCED  OVER MARRIED  OVER	Hours Min.
S a be	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	F WHAT
certificate iding phys Then pla	13. FATHER'S NAME  DANIEL BANGE  14. MOTHER'S MAIDEN NAME  THE PROPERTY OF THE	millen
ath certificate attending physi rmit. Then pler n, or removal, an	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or withown) (If yes give war or dates of service) 2/3-20-65/2 ADAM BANGE	771131
he de y the sit pe matio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: CERTAGO A POTEDIO SOLEROS MARKED ONSE	RVAL BETWEEN ET AND DEATH
uires that ghysician signed burial-tra	Conditions, If any, which \ (b) PROBABLE RENALTUMOR RIGHT	2
require Iding pl been s the bu or to bu	gave rise to immediate cause (a), stating the DUE TO	142,
he law or atten ate has use as		WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  YES  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	/
OR ATTENDING PHYSICIAN: y be retained by the hospital DIRECTOR: After this certific age 3 should be detached for lied with the State Dept. of H	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED According to the process of	(State)
ATTENDING retained by CTOR: After 3 should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from 3/9, 1965, to 5/13, 1966, th	at (I) (we) last
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	228. SIGNATURE 22b. DATE SIGN	NED /
TO HOSPITAL Page 4 may O FUNERAL D director, page should be file	22c. PHYSICIAN'S NAME (Type) LEVMOND W. LOTT, MD. 329 CAMP MEADE RO. K	INTHON
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
VR A15 (4)	24. PONERAL DIRECTOR  Sing tenders funeral flower 25a. REGISTRAR 25b. REGISTRAR'S SIGN.  DATALY 17 1000 Colombia D.	ATURE
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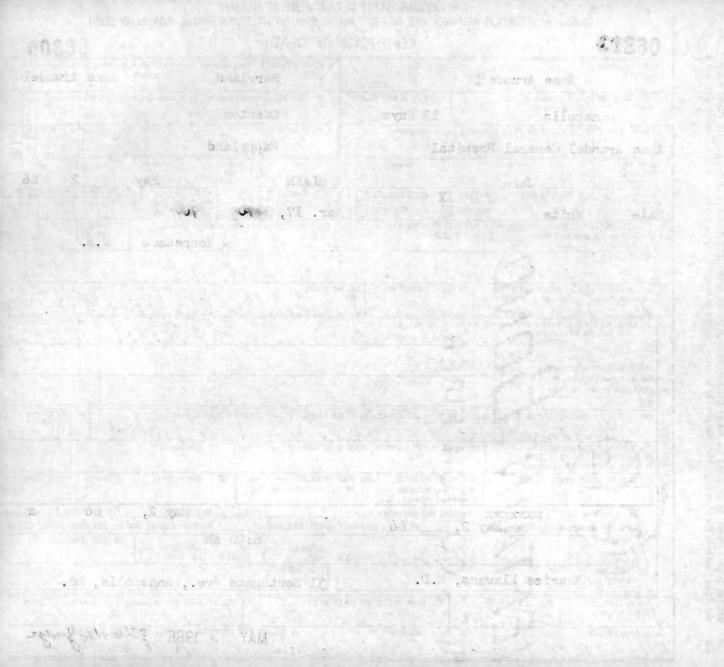
1		MARYLAND STATE DEPARTMENT OF HEALTH  Pivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STA	TE I	06312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH D	EPT.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
7	£	HUNE HRUNDEL MARYLAND MARYLAND MARYLAND MARYLAND
essary, o the funeral e 5 may be	deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  WAR POLIS
Depa 5	after	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
delay it nd 3 to Page State	ES 00	BROOKE HUE BROOKE HUE YES NO X
any delay it essary, 2, and 3 to the funeral PM3. Page 5 may be the State Department	72 ho	3. NAME OF DECEASED (Type or print) WILLIAM BARNES 4. DATE OF DEATH 5 22 1966
th. If an form Plorm Pl	hin	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
ath.	it wil	WIDOWED DIVORCED 12-23-1919 Jyrs.
Page Page I and I	ever	10a. USUAL OCCUPATION (Give kind of work done and during most of working life, wen lifetired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (State or foreign country)  14. BIRTHPLACE (State or foreign country)
n 18 alone alone pages	in any	13. FATHER'S NAME
24 hour 1 Item Office File pa	i pu	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
C. EXAMINER: This certificate should be executed within 24 hours after death. If at the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office about with form or files.	val, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Mythown) (If yes give war or dates of service)  Address  Address  Address  ADDRES  ADDRES  ADDRESS  AD
with penc niner	removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c),]  ONSET AND DEATH  ONSET AND DEATH
Exal Exal	, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  The state of the sta
execution ding dical	ation	Conditions, If eny, which (b)
ld be "peel" Meel	cremation, or	gave rise to immediate cause (a), steting the DUE TO
shoul word Chief	rial,	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?
the the	to burial, o	PERFORMED? YES \( \sqrt{NO} \( \sqrt{\sqrt{N}} \)
ting to to	agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE WAS PRIMARY CAUSE WAS PR
rhis c ward	nt, p	
icate, lore for a 3 s	386	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (State)   4 c
AMIN Sertiff Ild b	nated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
the cashout files.	or its designated	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDIC. Page 4 or your	its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ( ) 22. DATE SIGNED
execute Page I for you	10 A	EXAMINER'S DEPUTY MEDICAL EXAMINER
O DEPUTY MEDI please execute pleator. Page retained for yo o FUNERAL DIR	Health	NAME (Type)  Address (Street, city, town, or county)  (State)
TO dirigination of the second		PENDYAL (Schoolfy) 5-03-66 Ft LINCOLN BLADENSBURG PID- 24 FUNFRAI DIRECTOR 1 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR ALSME	(5)	24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE
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HUMBOOLIS 1 Becoke AVE BROOKE AUE William BARNES 12-23-1914 81 ALBAUY U.Y. SHOPE OF HE MINGLAND 11.54 ELIZABETH GLOVER THURLOW W. BARNES LOUISE N. BARNES #2 CREWATION 5-28-66 FF LINCOLN BLADENSBURG - 1 1868 Version Commence - 1 1868 18 1868 Version - 1 1868

1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MADVI AND
4 804	1	CERTIFICATE OF DEATH	06308
after death. the funeral ges 1 and 2 after death.	1.	PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY a. STATE b. COUNTY	Residence before admission
Sab		b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	Land give nearest town)
ape ape		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  North Circuclel Gospital  (IV- Fernda	e. IS RESIDENCE ON A FARM? YES NO NO
and completely filled emove carbon paper: any event, within 72	3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH Month OF DEATH May	Day Year 30 19 66
emove any eve	5.	WIOOWEO DIVORCED 12 2 3 - 06 59, yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
and	10a dur	. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)  Own Home  11. BIRTHPLACE (County & State, or foreign country)  Own Home  Own Home	COUNTRY?
Then premoval	13.	FATHER'S NAME MOTHER'S MAIDEN NAME Anna Day	
늘	15 (Yo	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, so, or unknown) (If yes give war or dates of service) 214-16-6688 Mr. James Bayry, Sr. (Husband) Sa	me As #2
l signed by the al burial-transit perr burial, cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Liptur  Liptur	INTERVAL BETWEEN ONSET AND DEATH
has been signed by t e as the burial-transit h prior to burial, crema		Conditions, If any, which gave rise to Immediate (b)  DUE TO  Resentence Theorbosis	2 1/2 days
as the	N	cause (a), stating the DUE TO underlying cause last. (c) Atenoselerate (fe moleusur Cardrovinal, des	45
Health	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	YES NO
detached for use as to the Dept. of Health prior		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	
Sta	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   2	ounty) (State)
should ith the		21. I certify that (I) (this hospital) aftended the deceased from 5 77, 19 6, to 19 saw the deceased alive on 19 and that death occurred at 7 M, from the causes and on 22a. SIGNATURE	(6, that (1) (we) las the date stated above DATE SIGNED
TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		el aurie   Selvin M.D. ATTENOING MED. STAFF DIRECTOR PHYS.	30/66
ector, ould be	23a	MAME (Type) MAURICE J. BERMAN 2. 2 Read ST PA	LTS VICT 21202
Page 4 may TO FUNERAL I director, pag should be fill	24	Burne 2, 1966 Glen Haven Mem. Park Gen Burnie	M/s SIGNATURE
1/65 (4)		Resignation Sing Elen Burnie, Mid. WIN 2 1966 gelianle	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06313 certificate be executed within 24 haurs after death death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY Anne Arundel Anne Arundeel ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Annapolis Odenton 13 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Happyland Anne Arundel General Hospital NO V 3. NAME OF please remave carban First Middle DATE Year DECEASED 19 66 BLAKE DEATH May Type or print) John DATE OF BIRTH 788 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED irthday) Months Doys Hours and in any WIDOWED White Male and ( 10a: USUAL OCCUPATION (Give kind of work done during most of working lite; even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY (X) Tennessee 13. FATHER'S NAME 14. MOTHER'S MATDEM NAME crematian, ar remaval, g phy Then INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. Junknown) (If yes give wor or dotes of service the attend INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: DISET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) director, page 3 shauld be detached far use should be filed with the State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) at wark . 19 66 that (I) (w) last 21. I certify that (I) (this dospital) attended the deceased fram 4 19 0 to May 2. 3 shauld 19 66, and that death accurred at saw the deceased alive an May 2. M, fram causes and an the date stated above 22b. DATE SIGNED 22 SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS NAME (Type) Maurice Klawans, M.D. 31 Southgate Ave., Annapolis, Md. 23d. TOCATION (City or Inwa) 23% NAME OF CEMETERY OR PREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06314 CERTIFICATE OF DEATH kecuted within 24 hours after death in by the funeral ers. Pages 1 and 2 2 hours after death death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore mos. Crownsville e remove carban papers. in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 813 N. Milton Ave Crownsville State Hospital YES NO X campletely fi 3. NAME OF Middle First Lost 4. DATE Manth Doy Year DECEASED (Type or print) 66 Blumenstock #28633 Dennis M . DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH lost birthdoy) Months Dovs Hours 4/30/40 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be please during most of working life, even if retired) INDUSTRY COUNTRY? USA Maryland physician URWELERY Lngraver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending physis burial-transit permit. Then plansit permit aburial, crematian or removal remaval, Veronica Benjaman Cara BLUMENSTOCK 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Hospital Records 220-36-5805 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES X 2 NO be retained by the haspital or for 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Hour o.m. Not While Crownsville Md. of work . 19 65, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. . 1964 . to 5/2/ director, page 3 shauld shauld be filed with the 5/2/66 19 and that death accurred at 6: 10 M, fram causes and an the date stated above. sow the deceased blive on\_ 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. X M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict, M. D. director, 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) BALTO MT. CARMEL CEMETERY 2Sb. REGISTRAR'S SIGNATURE 24. TUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** Charley Juage DAMAY 1966 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06315 CERTIFICATE OF DEATH deoit 2 requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please, Jamove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o STATE b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) D. O. A. Churchton Annapolis ban papers. within 72 ha d. NAME OF HOSPITAL OF INSTITUTION (If not in bospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES | NO V Anne Arundel General Hospital NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED BLUNT May 19 66 Garfield 27 (Type or print) NMN DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE emove ! 7. MARRIED NEVER MARRIED birthdoy) Months Doys May 7, 1911 Male WIDOWED DIVORCED Negro 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired) Construction Maryland A.A. Co attending physic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Frank Blunt Mollie Hutton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 18-28-28-28-28-28-28-28-28-28-Clara Selman Blunt Chutchton, Md No burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been the priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use YES 🗍 NO XX TO FUNERAL DIRECTOR: After this certificate the haspital or PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While ot work ot work May 27, 1966, that (1) (20) last 21. I certify that (1) (this charpitals attended the deceased fram 6422) , 19 6 6, ta TO HOSPITAL OR ATTEND Page 4 may be retained May 27. 1966, and that death accurred at M, fram causes and on the date stated above saw the deceased alive an\_ 11:10 MED. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 1966-X blig 28, M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 1407 Forest Drive, Annapolis, Md. NAME (Type) John L. Hedeman, M.D. director, shauld b 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Md A.A.Co Chews Memorial Churchton Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.E. Hicks. 111 Annapolis, Md

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06316 requires that the deoth certificate be executed within 24 haurs after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Anne ARundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c JENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Washington, D. C. 1 vr. 4 mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 528 - 24th St., N. E. Children's Center Hospital 3. NAME OF First Middle 4 DATE DECEASED Bowman Michael 1 Angelo May (Type or print) DEATH 9. AGE (In years lost birthday) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 12-30-48 Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Institutionalized 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) **INDUSTRY** Washington, D. C.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal Unknown Catherine Bowman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit p Perforated duodenal ulcer IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove Congenital heart disease rise to immediate couse (a). DUF TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate hos been Mental retardation and mongolism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from January 14, 1965, to May 12 saw the deceased alive an May 12 22o. SIGNATURE MED.
DIRECTOR STAFF PHYS. M.D. director, poge should be filed 22c. PHYSICIAN'S MARGARET W. MOLA, M. D. NAME (Type) 23a BURIAD, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

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e. IS RESIDENCE ON A FARM?

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IF UNDER 1 YEAR

Months

YES NO V

Year

1966

IF UNDER 24 HRS.

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12. CITIZEN OF WHAT COUNTRY? USA Children's Center Hospital, Laurel, INTERVAL BETWEEN ONSET AND DEATH 1/2 hrs 19. WAS AUTOPSY PERFORMED? NO YES 🔽 (County) (Stote) 1906 , that (1) (we) last 19 66, and that death accurred at8:40aM, from causes and an the date stated abave. 22b. DATE SIGNED May 13, 1966 Children's Center, Laurel, Md. 23d. LOCATION (City or Town) (Stote) (County) lashington 250. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH

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V		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	IORE 1, MARYLAND
	1.	PLACE DF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If	Institution: Residence before admission DUNTY Anne Arundel
		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Gambrills  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  c. CITY OR TOWN (if outside corporate limits, Gambrills  d. STREET ADDRESS	write RURAL and give nearest town
00		Route 1 Box 417 Route 1 Box 417	e. IS RESIDENCE ON A FARM? YES ND S
	3.	DEGEASED (Type or print) Myrne Boyle DEATH May	onth Day Year 2, 1966.
	3	remaile   white   widowed   vis olvorced   Aug 28, 1884   81 vis	
	11	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  Housewife  10b. KIND OF BUSINESS DR INDUSTRY OWN home  11. BIRTHPLACE (County & State, or foreign cour	otry) 12. CITIZEN OF WHAT COUNTRY?
	8	3. FATHER'S NAME Wesley Rightour— Martha Bryan	
	(Ye	Yes, no, or unkown) (If yes pive war or dates of service) Anna Robinson Gambrill	
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  CEREBOUASCULAR ACCIDENT.  DUE TO  DUE TO  DUE TO  DUE TO  CONDITION  (c)	INTERVAL BETWEEN ONSET AND DEATH
0	CERTIFICATION		YES NO
	MEDICAL C		) (County) (State)
1	•	21. I certify that (I) (this hospital) attended the deceased from	
	238	Ba. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) May 4, 1966 Forest Lawn 23d. LOCATION (City Johnstown	, town or county) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 06319 CERTIFICATE OF DEATH death executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel iden and campletely filled in by the fur lease remave carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Annapôlis Orchard Beach 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 815 Hill Top Road YES NOX NAME OF 4. DATE First Middle Lost Month Year 19 66 DECEASED 0F May BRATTON Kenneth Gerald (Type or print) DEATH IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months White Male DIVORCED WIDOWED May 7. 1966 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pe COUNTRY? during most of working life, even if retired) **INDUSTRY** requires that the death certificate Anne Arundel, Maryland Newborn None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remaval, attending phys Diane Susan Gunther Kenneth Gerald Bratton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital records No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **TO FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit shauld be filed with the State Dept. of Health prior to burial, cremat ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO KX YES 🗌 ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work 21. I certify that (1) this characted) attended the deceased from\_ May 7 19 66 to May 8 19 66 that (I) tone) lost 19 66, and that death occurred at M, from causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 220. SIGNATURI MED. ATTENDING PHYS. XX M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S BaltoAnna. Blvd., Severna Park. NAME (Type) Clayton Norton, M.D. 48 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Glen Haven Memorial Pk Ritchie Hgwy Glen Burnie, Md May 10, 1966 Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 1966 George J. Gonce, 4001 Rithcie Hgwy, Balto, Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY after Anne Arundel Anne Arundel MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH GF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Glen Aurnie Odenton = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS withIn 72 24 ON A FARM? North Arundel Hospital 1664 Annapolis Road YES NO within completely carbon NAME OF First Middle Last DATE Month DECEASED OF DEATH (Type or print) MARY ELLA BRENNAN May 31 19 66 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) Months I Davs any WIDOWED 3 25 Oct. 1899 Female White DIVORCED [ 66 please re l, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY Filler ce Cream Plant Delaware U.S.A death certificate attending phy ermit. Then p n, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace Stark Lvda Altemous 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept, of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Hilda Unknown Milson Same as # 2 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **D HOSPITAL OR ATTENDING PHYSICIAN;** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work 21. I certify that (I) (this hospital) attended the deceased from. 19 46 M. from the causes and on the date stated above. saw the deceased alive on\_ and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSIGIAN'S 22d. ADDRESS NAME (Type) R. M. Smith, M. D. Hahn Prof. Bldg., Severna Park, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) June 1966 Calvary Cemeterv Pottsville. Pa. ADDRESS 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Singleton Home/ Glen Burnie. Md. uneral Q/H 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06321 CERTIFICATE OF DEATH 06317 within 24 haurs after death. by the funeral Pages I and death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel haurs after MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) SEXXXXXXXXXXX Glen Burnie 03 4 days Annapolis ban papers. within 72 ha d. STREET ADDRESS 7 4 filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO X completely fi Middle 3. NAME OF First 4. DATE Manth Day Year Last DECEASED 16 19 66 BROWN May Seymore Henry (Type ar print) DEATH The law requires that the death certificate be executed AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED please remove Manths Haurs White Nov. 2, 1875 Male and in any WIDOWED DIVORCED attending physician and permit. Then please rem 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired)
Minister ( INDUSTRY Rochester. Presbyterian Ch. New York 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal, Fletcher Cordelia John Milton Brown 3198 Overlook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. (Yes, no, or unknown) (If yes give wor ar dates af service) Mrs. Katharine U. How (daughter)Warren None Unknown INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO far use as the t f Health priar tab stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION State Dept. af Health NO X YES OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m Nat While at wark at wark director, page 3 shauld be shauld be filed with the Stat May 16, 19 66 that (1) (w) last 21. I certify that (I) (this is a stended the deceased fram. 19.66, and that death accurred at M\_from causes and an the date stated above saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE TO DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Davis, Jr. M.D. 100 Cathedral St., Annapolis, Md. 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify)
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MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Maryland 12 P Anne Arundel MARYLAND Anne Arundel by th b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Glen Burnie Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours af d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO N. Arundel General Hospital Jumpers Hole Rd. completely requires that the death certificate be executed 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 1966 Frank and cor 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Jan. 4, 1892 Male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Policeman Baltimore City U.S. Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please affending John J. Burkhardt Violet Lemoke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address No Mrs. Elizabeth Burkhardt - same INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the lung, left Moe. IMMEDIATE CAUSE (a)\_ DUE TO Conditions, if any, which (b) gave rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. CERTIFICATION PERFORMED? T NO T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, straat, office bldg., etc.) Whila Not While Hour a.m. Should be at work | et work 21. I certify that (I) (this hospital) attended the deceased from Jan. 1952..., 19 to May 31 1966, that (I) (we) last saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S Charles R. MacDonald. M.D. Crain Hwy. S., Glen Burnie, Md. director, be filed 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) TO Burial Ritchie Hgwy., A. A. Co., Md. 1966 Holy Cross Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 George J. Gonce - 4001 Ritchie Hgwy., Baltimore 15M 7-62

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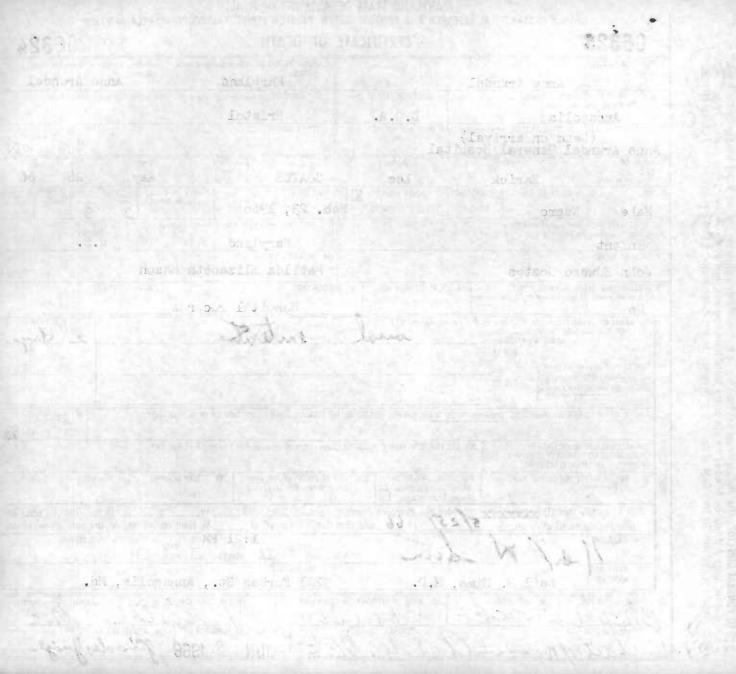
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MD. AAC HUNDAPOLIS HUNAPORIS 113 Acchinos AVE, many 112 AIRCHWOOD AUE M COLE 5 MARY 9-19-1903 68 Civil Sequice N.Y.C., N.Y. THOMAS J. COLE. SR. ELLEN J. Guiva ANN C. COLE #2 was in motion to the Valuemany edinson Policianio Deser-Markinsons Depose alecolo Carevar 44 South gold the Cumple with 5140 AND Appleis MB Shows 2-13-60 St Huens 1 Comment of the Comm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06327 CERTIFICATE OF DEATH 06330 death requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY DR TDWN (If autside carparate limits, write RURAL ond give neorest town)

Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Severna Park. Md. 1 day d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 115 Arundel Beach Road Anne Arundel General Hospital YES NO [ 3 NAME OF Middle ve carban First 4. DATE Doy Year DECEASED (Type or print) COLEMAN Walter Cominic 15 1966 May DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours June 19, 1901 Male White WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Saleman INDUSTRY Maryland Balto. -Eloin Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Kahl Walter D. Coleman IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND (Yes, no, or unknown) (If yes give wor or dotes of service Rosalie D. Coleman -Same as # 2 wes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO burial Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached far use MEDICAL CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES T NO XX OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, affice blda., etc.) ot work 3 shauld be May 15, 1966, that (1) ( ) last 21. I certify that (I) (NOSCHOSONI) attended the deceased from 400 sow the deceased glive on May 15. , 19 46 , ta , and that death occurred at sow the deceased alive on M. from couses ond on the dote stoted obove. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. X M.D. DIRECTOR 22c PHYSICHAN'S Hahn Prof. Bldg., Severna Park, Md. Ray M. Smith, M.D. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial REMOVAL(Specify) 5/19/66 Balto. Natiomal Cemetery Balto. Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Singleton Funeral Home/ Glen Burnie, Md. 1966

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certifuld b	CTOR: Page designated	-	21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔲,	Inspection X, Inquiry X	, and in my opinion
EXAMI e cert should	ror: esign		death resulted from: Natural causes, Accident, S	uicide 🔲, Homio		
ge 4	ts d		ACTUAL CONTRACTOR ACTUAL CONTRACTOR ACTUAL	CHIEF MEDIC	AL EXAMINER []	22. DATE SIGNED
Pa	0 0		SIGNATURE	DEPUTY MEDI	ICAL EXAMINER	5/11/66
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DEPUT please director.		232			23d. LDCATION (City, town or co	24 1
2 4 5	20	24	Burial May 13 1966 Fowlers	emetery	BestGate Rd. Anni	
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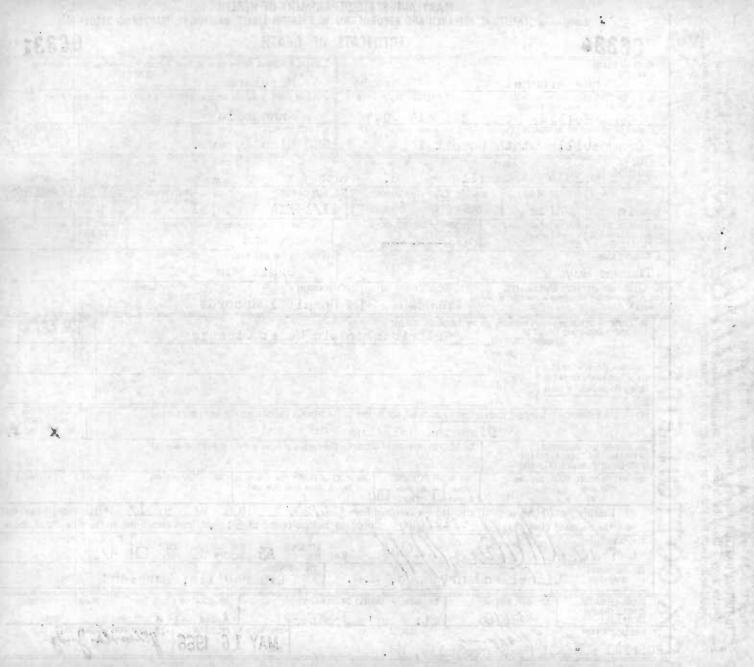
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV within 24 haurs after death letely filled in by the funeral arban papers. Pages 1 and 2 nt, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY o COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Balto. Crownsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 123 W. Hamburg St. Crownsville State Hospital YES NO 3. NAME OF First Middle DATE Month Dov Year remave carban DECEASED 1966 Collins (Type or print) #31777 David DEATH and in any event, ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours ep DIVORCED Male Col. April 15,1900 the attending physician and sit permit. Then please rem 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Tarboro # N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) Hospital Records 10 212-40-2165 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Broncopneumonia IMMEDIATE CAUSE (o) signed by the haspital ar attending physician. DUF TO Bronchogenic Carcinoma Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use af Health Dehydration and Uremia NO [ YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at work be retained by pe 5/9/ . 19 60, that (I) (we) lost 1966 to\_ 21. I certify that (1) (this hospital) attended the deceased from. 1966, and that death accurred at 11:45M, fram causes and an the date stoted obove saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. X DIRECTOR M.D. PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland NAME (Type) Benedict. M.D. directar, should 23c. NAME OF CEMETERY OR CREMATORYM to Calve 33dy LOCATION (City or Town)
BELLO NOTE OF CEMETERY OR CREMATORYM to Calve 33dy LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Spacity) 16,1966 Md. Cedar 2Sb. REGISTRAR'S SIGNATURE REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Md. AA Pages 1 urs after Anne Arundel after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Brooklyn Park Brooklyn Park filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ve carbon papers event, within 72 ON A FARM? 173 Meadow Rd. 173 Meadow Rd. YES No n executed within completely 3. NAME OF First Middle Last DATE Month Day Year DECEASED 5 19 66 DEATH 19 (Type or print) Hame s Cowan AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. sician and con ease remove and in any eve 5. SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) | Months | Hours M White Cetober 27.1875 WIDOWED IN DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b, KINO OF BUSINESS OR pe INDUSTRY COUNTRY? Penna. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Cowan Eliz. Nesbitt 17. INFORMANT 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? | 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) Same Family 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND OBATH OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating FUNERAL DIRECTOR: After this certificate has be irector, page 3 should be detached for use as thould be filed with the State Dept. of Health prior underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO TU YES . 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work AME 19\_\_\_\_\_ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. (9 6 to. and that death occurred at 6:151M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. Page 4 may **ADORESS** PHYSICIAN'S 22d. director, p NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, BUILBI (Specify) 9 5/23/66 Fairview Com. Patton.P AOORESS 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR 1 24. FUNERAL OIRECTOR McCully Funeral Home 237 Patapsco Ave. 1966 VR A15 (4) 15M 4-64

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b. CITY OR TOWN (If autside carp write RURAL and give nearest		14 Days	Annap		021	
d. NAME OF HOSPITAL OR INSTITU			d. STREET ADDRESS 600 Ridgl	Ley Ave.	e. IS RESIDEN ON A FARM YES NO	M.S.
3. NAME OF DECEASED (Type or print) #31934	First Camilla		Last Cox	4. DATE Manth OF 5 DEATH 5	11 1966	
s. SEX 6. COLOR OF	e WIDOWED	DIVORCED	8. DATE OF BIRTH 11/13/14	9. AGE (In years Jast birthday) yrs.		Min.
10a. USUAL OCCUPATION (Give kind af during most af warking life, even if ret Housewife	wark dane 10b. K red) 10	IND OF BUSINESS OR NDUSTRY	Marylan		12. CITIZEN OF WHAT	
13. FATHER'S NAME Thomas Guy			14. MOTHER'S MAIDEN			
15. WAS DECEASED EVER IN U.S. ARMS	FORCES? 16. r or dates af service)	SOCIAL SECURITY NO. 17.	Hospital R	Addres Records	S	
18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSE IMMED)  4 2 0 0  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.	Y ane cause per line for D BY: ATE CAUSE (a)	(o), (b), and (d).) Arteriosclero	tic Heart	Disease	INTERVAL BETWEI ONSET AND DEAT	EN (H
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saw the deceased ali		ded the deceosed from_ 11/1966_, and the	4/28/ at death occurred a	19 <u>66</u> , ta <u>5/11</u> , at <u>9:P</u> M, fram causes o	ind an the date stated a	e) los ibove
22a STONATURE  LUCA VI  22c. PHYSKIAN'S	Hens	1/4/2 N	.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED 5/12/66	
NAME (Type)	hel McHen		Crou	wnsville, Mary		
230. BURIAL, CREMATION, REMOVAL (Specify) BUT 1 a.L.  24. FUNERAL DIRECTOR	5/16/66	23c. NAME OF CEMETERY OF St. Mary's C		23d. LOCATION (City or Tow Annapolis CD BY REGISTRAR 25b PSG	n) (County) (Stote	e)
HOPPING FUNCAL	HOME Annap		DMA	Y 16 1966 700	iarles judge	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Pages 1 urs after Anne Arundel Mary and Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours weeks Pasadena Millersville = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? within Box 222A Magothy Beach Knollwood Nursing Home YES NO X etely carbon 3. NAME OF Middle 4. DATE Month Year Last Day DECEASED event, comple Oliver (Type or print) DEATH 1966 B Crouch May executed SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) Months Days Hours | Cauc. any and 5/2/1897 WIDOWED [ DIVORCED 69 and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Maryland U.S.A Draw Bridge
13. FATHER'S NAME Operator Municipal removal. attending physimit. Then I MOTHER'S MAIDEN NAME Oliver Crouch Bennett ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Box 222A Magothy Beach Mrs Elizabeth Crouch Yes WW #] Pasadena, Mary Retween signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 19 64, and that doath occurred at 430 kM, from the causes and on the date stated above. 3 sho saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING MED. STAFF X DIRECTOR TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) R. M. Smith. M. D Hahn Professional Bldg. Severna Pk. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Balto. Md Loudon Park Frederick Ave Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS George J. Gonce 4001 Ritchie Hgwy, Balto, Mi VR A15 (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH

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11/	1,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
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by the Pages aft		b. CITY DR TDWN (if outside corporate limits, write RURAL c. CITY OR TDWN (if outside corporate limits, write RURAL cycle RURA	and give nearest town)
hours of in by rs. Pag	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
fille appe		North anudel General Horpital 722 Hazel ST.	YES NO 2
completely ve carbon pevent, withi	3.	NAME OF DECEASED (Type or print)  NAME OF Last 4. DATE Month DF DEATH MAY	Day Year 1966
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ine oh Their ph emoval,		FATHER'S NAME TOHN Curninghan 14. MOTHER'S MAIDEN NAME Munay, Cathery	ne-
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aw requires that the death c ttending physician. has been signed by the attent as the burial-transit permit, prior to burial, cremation, or r		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Left Venturaler Failure	INTERVAL BETWEEN DNSET AND DEATH HOURS
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A T P O	CERTIFI	2DA. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4	unty) (State)
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stal	2		he date stated above.
OR AT y be ret DIRECT Ige 3 sled with		22a. SIGNATURE    Left range of M.D. Attending MED. STAFF   22b. D   M.D. PHYS. D   DIRECTOR   PHYS.	ATE SIGNED
O HOSPITAL OR Page 4 may be O FUNERAL DIRI director, page should be filed v		22c. PHYSICIANS MAX CFRANK NO 22df ADDRESS Ritchie Huy.	They Burne
TO HOSPI Page 4 1 TO FUNER director, should b		a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con REMOVAL (Specify) may 5, 1946 St, mary's Cem. Hanover Tup.	Luz, Pa
AND ALE (A)	24	FUNERAL DIRECTOR ROBER + PHYSICAL ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
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## MARYLAND STATE DEPARTMENT OF HEALTH

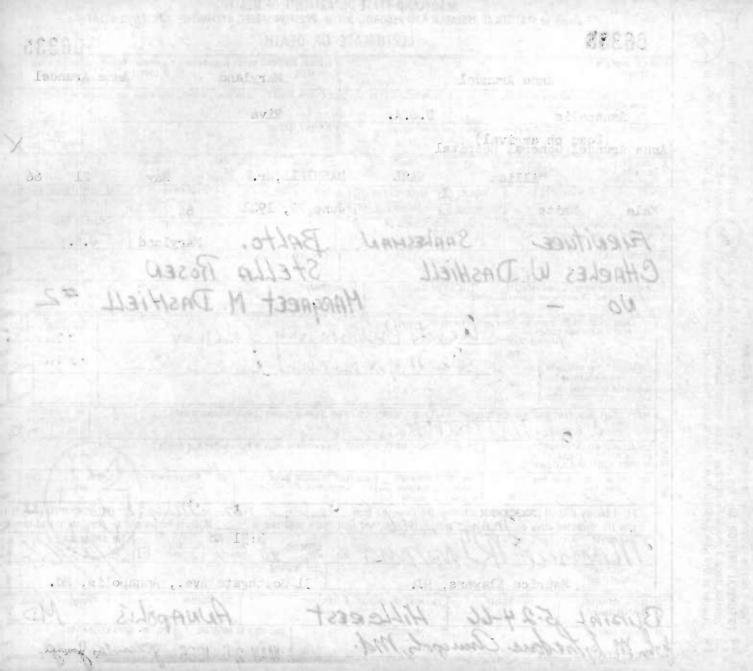
- 1	D/		Division of STATISTICAL RESEARCH AND RECORDS, 3			MORE, MARYL	AND 21201	
FOR S	TATEM		08337 MEDICAL EXAMINER'S	CERTIFICATI	E OF DEAT	Н	06334	
HEALTH	DERT.		PLACE OF DEATH	2. USUAL RESIDEN	NCE (Where deceose	d lived, if institut	ion: Residence before odmission)	=
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es 1, farm	rate Department haurs after deat		ANNE ARUNDEL GENERAL HOSPITAL	Edgewai	ter Rt.	Box 40	9 ON A FARM? YES NO [	
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	FE	S.		8. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HR	₹S.
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nauld be executed ward "pending" in the Chief Medical E	burial-transit permit. matian, or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)				INTERVAL BETWEEN	=
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s certificate e, writing th farwarded to	used as burial,		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(n)	19. WAS AUTOPSY PERFORMED?	=
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INE B ce Short	3 sh	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home,	form. 20f.	(City or town)	(County) (Stote)	_
₹ ÷ 4	your riles. Page 3 shauld b	MED	Hour o.m. 5 26 1966   While of work of work   Mot While	ctory, street, office bldg. Home	etc)	imoro-A	nne Arundel- Md.	
L EXA cecute Page	FUNERAL DIRECTOR: Page rally are its designated age		21. I certify that I taok charge of the remains described above,				piry , and in my opini	_
exe	IRECTOR: Podesignated			ricide , Hami		determined m		. UII
Ise ecto	DIRECT Tr design		Accident to solve the solve sol		DICAL EXAMINER		unitei	
Me	L DIS		ACTUAL SIGNATURE WITCH SIGNATURE		MEDICAL EXAMINE		22. DATE SIGNE	ED
TY.	RAI ar it		EXAMINER'S Rudiger Breitenecker, M.D.		NEDICAL EXAMINER	$\rightarrow$	5/27/66	
EPU SSGI fune	T T		NAME (Type)	Address (	Street, city, town, o	r county)		
O DEPUTY MEDICA necessary, please ex the funeral directar.	FUNE Health	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O			ATION (City or Tov		_
7	12		Buriativ April 1, 1966 Sam S				o. N. C.	
-		24	FUNERAL DIRECTOR ADDRESS		REC'D BY REGISTRA		GISTRAR'S SIGNATURE	
VR A	A15ME (5) M 1/66	(	Charles A. Rice 661 W. Barre St.	DATE	MAY 3 1	1966	Mintes Judge	

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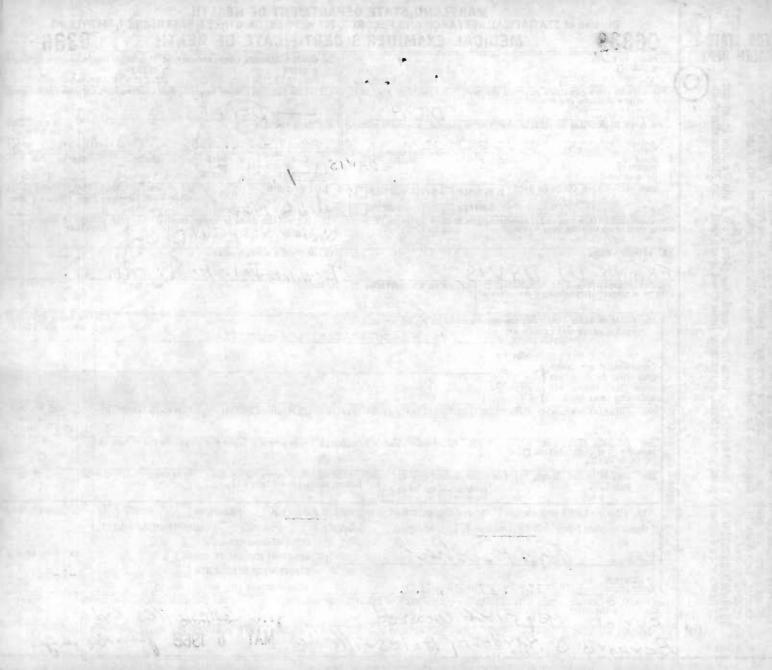
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06338 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral ave carban papers. Pages 1 and . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel a. STATE Marvland Anne Arundel ve carban papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Riva D.O.A. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress)

(Dead on arrival)

nne Arundel General Hospital IS RESIDENCE d. STREET ADDRESS ON A FARM YES 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED EARL DASHIELL.Sr. 19 66 21 May (Type ar print) DEATH 8. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Haurs Doys June 22, 1901 White Male WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired) 11. BIRTHPLACE (County & State, ar foreign country) 10b. KIND OF BUSINESS OR Maryland 13. TOSEL INFORMANT 16. SOCIAL SECURITY NO. #2 (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c)4 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached far use te Dept. af Health NO XX YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) (Stote) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Nat While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this constitute attended the deceased from 1952- ta 19(els, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an Indian 220/SIGNATURE 22b. DATE-SIGNED STAFF XX M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICTAN" NAME (Type) Southgate Ave., Annapolis, Md. Maurice Klawans, MD directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION DATE THEREOF 10CATION (City or Tayon) 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI



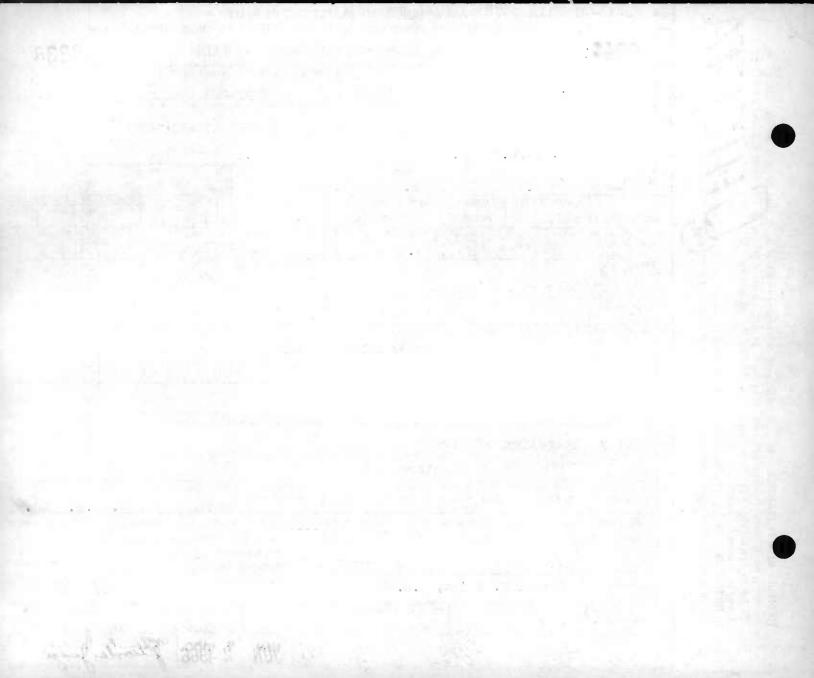
1 (N		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR STATE	1	06339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6336
HEALTH DEPT.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. COUNTY  a. STATE b. COUNTY	ildence before admission)
578 E.C.C		ANNE ARUNDEL MARYLAND Maryland Anne Arun	
ssar uner ay b ay b ther ther		b. CITY OR TOWN (If outside corporate limits, write RURAL experience of the RURAL and give nearest town)	
is necessary, o the funeral e 5 may be Department after death.	-	ANNAPOLIS  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
to to to to to te D te D te D		ANNE ARUNDEL GENERAL HOSPITAL Box 8 - Rte. #256	ON A FARM?
deiay is nd 3 to Page. Page State hours a	3.	NAME OF First Middle COLL Last   4. DATE Month	Day Year
any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the State Department of 72 hours after death.		(Type or print) FRANK W. DAYLYS, Jr. DEATH May	1 1966
프로 프로	5.	7. WANTED   MEATH WANTED   1 - 4 C1-4C1-4C1-4C1-4C1-4C1-4C1-4C1-4C1-4C1-4	YEAR IF UNDER 24 HRS. Deys Hours Min.
Pages th form		Male White WIOOWEO DIVORCEO 5.0 2 1966 yrs. 2	
ive Pa	dui	a. USUAL OCCUPATION (Give kind of work done Industry)  10b. KIND OF BUSINESS OR III. BIRTHPLACE (Stete or foreign/country)  11. BIRTHPLACE (Stete or foreign/country)  12. CIT COUNTRY	TIZEN OF WHAT UNTRY?
n 18. Ge along pages in any	13	FATHER'S NAME 14. MÖTHER'S MAIDEN NAME	
ours m 1 e a e a pag	F	FRANK W DAVIS BONNE JOHN FOODYICH	
24 ho 1 ten Office File	15	5. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) ((If yes give war or dates of service)	
within 2 pencil in miner's ( permit, removai,	\ <u>'</u>	on on the man of the state of t	
EXAMINER: This certificate should be executed within 24 hours after death. certificate, writing the word "pending" in pencil in Item 18. Give Pages hould be forwarded to the Chief Medical Examiner's Office along with for les.  No. Page 3 should be used as a burial-transit permit. File pages and 2 with signated agent, prior to burial, cremation, or removal, and in any event with the contractions of the contraction of the contrac		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ild be executed "pending" in "pending" in Medical Exar burial-transit cremation, or i		IMMEDIATE CAUSE (a) Acute Interstitial phedilonitis	
exendin dical		Conditions, If eny, which (b)	
d be "pe Meri		gave rise to immediate cause (a), stating the DUE TO	
houl ord Shief		underlying ceuse last. (c)	lee was stirened
ficate shoul the word the Chief used as a to buriai,	TION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
tiffice to the use of the to the to the to the use use use use use use use use use us	FICA	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	YES X NO
rritin ded ded prio	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.  20b. 0ESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
ER. This certificate, writing forwarded to 3 should be agent, prior 4		20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)   factory, street, office bldg., etc.)	nty) (State)
NER: ficat ficat ficat ficat d ag	MEDICAL	Hour e.m.  p.m.  While at work at work at work	
AL EXAMINE the certific 4 should be ir files. CTOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry ,	and In my opinior
the cythe cy		death resulted from: Natural causes XX, Accident Suicide , Homicide , Undetermined manner	
Dica Jute 1 Jute 1 July your IREC		ACTUAL CHIEF MEDICAL EXAMINER X	22. DATE SIGNED
execute execute Page I for you AL DIRE		OEPUTY MEDICAL EXAMINER	5-2-66
tor. Tor. ned and were	L	RUSSELL S. FISHER, M.D. Address (Street, city, town, or county)	
O DEPUTY MEDICAL EXA please execute the codirector. Page 4 shour retained for your files. O FUNERAL DIRECTOR: of Health or its design	23	REMOVAL (Specify)	nty) (State)
PT P A	24	BUYIN MAY 5 1906 WOODSIELD ADDRESS JOSEPH BEY REGISTRAR 256, REGISTRAR 250, REGIS	SIGNATURE
VR A15ME	17	Berndrd O Hardesty Lidlesville Md MAY 6 1966. Fliente	Judges
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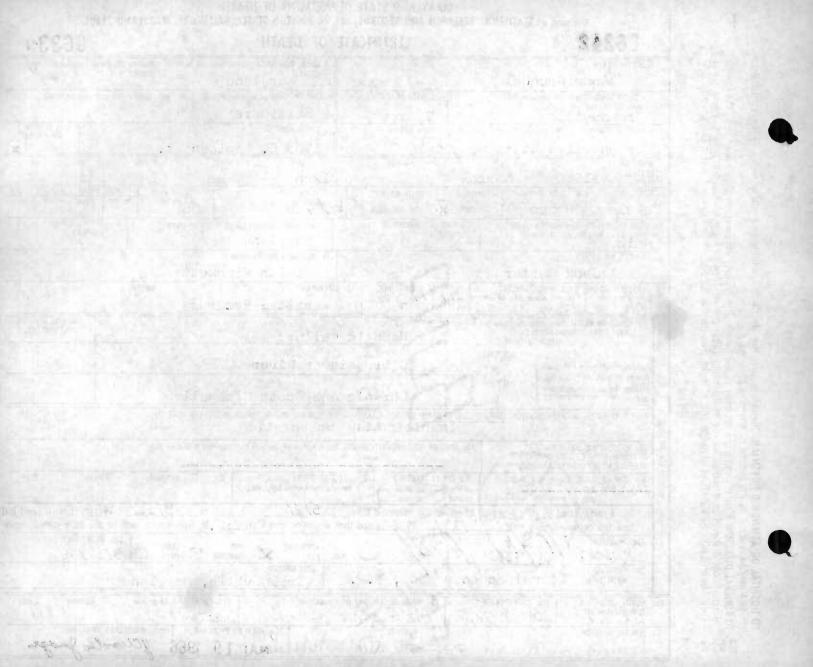
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06340 06337requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH in by the funeral o. COUNTY b. COUNTY a. STATE Anne Arundel Anne Arundel MARYLAND event, within 72 haurs after b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) RURAL - Arnold 1 month Annapolis papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled Rt-1, Box-79. Anne Arundel General Hospital NO X nove carban 3. NAME OF First Middle 4. DATE Day Year DECEASED DAWSON May 11 Mary (Type or print DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED **NEVER MARRIED** Jost birthdoy) Months Dovs Hours White Female Tr. DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work-done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Houseone Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME cremotion, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. INFORMAN INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line fag.(a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a) DUE TO stoting the underlying cause os the Page 4 may be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION for use Stote Dept. of Health YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a.m. Nat While factory, street, affice bldg., etc.) 19 at work be 10. 19 66, to 19 66 that (1) (w) lost 21. I certify that (1) (this posited) attended the deceased from May April 19.66, and that death occurred at saw the deceased alive an May 11 M, from couses and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 224 ADDRESS 22c. PHYSICIAN NAME (Type) Severna Park. Md. Box-73. Robert R. Hahn, M.D. director, g BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY DA P 2 20 M 1/66

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Date Aragarel	brafichali		1	bija bija j	
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par .	SA SAPERITOR				

Items 18-2	I Film G370 6/4M ivision of STATISTICAL RESEAR	ARYEAND STATE DE			ND 21201
TATE 06341		AL EXAMINER'S			06338
PLACE OF DEATH  O. COUNTY  O. CITY OR TOWN (If write RURAL ond  d. NAME OF HOSPITA	Anne Arundel	MARYLAND	a. STATE Mai	there deceased lived, if institution: b. COUNTY Cyland	Residence befare admission)
Wille KOKAC Olid	give nearest town)	c. LENGTH OF STAY IN 16	Seve	side corparate limits, writé RURAL ern (Baltorur	and give nearest tawn) a1) 02 - /
v	OR INSTITUTION (II not in hospital, give Jackson Grove Rd.	e street address)	d. STREET ADDRESS  Rte.	.1 Box 131	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First John	Middle R. D	enton Last	4. DATE Manth OF DEATH 5	Day Year 30 19 66
(Type or print) 5. SEX male	6. COLOR OR RACE 7. MARRIED White WIDOWED	DIVORCED 🔀	March 22,	933 33 ast birthdoy) N	FUNDER 1 YEAR   IF UNDER 24 HRS. Months   Days   Hours   Min.
100. USUAL OCCUPATION (during most of working li	e, even if retired) /INDL	OF BUSINESS OR ISTRY CSCAPING	Knox Ville	Tennessee	12. CITIZEN OF WHAT COUNTRY?
a.s.		0	14. MOTHER'S MAIDEN N.	McNish	
	f . I . I . I . I . I		reci W Den	ton (brother)	Same As#2
	0	), (b), ond (c).) sumably drown	ing		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, rise to immediate stating the under	cause (a),				
PART II. OTHER SIG	) (c)	DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Fatty a  20g. EXTERNAL CAU PRIMARY LOOK CON' CAUSE OF DEATH			(Enter nature of injury in P	ort I ar Port II af item 18.)	PERFORMED? YES X NO
CAUSE OF DEATH.  2Dc. TIME OF INJUR Hour o.m.	Y Month, Day, Yeor 2Dd. INJU	to study for a	E OF INJURY (Hame, farm,	, 20f. (City ar town)	(County) (State)
D.III.	5/30 19 66 While at wark [	J af wark		Jackson Gr. F	
death resulte	9		ide, Hamicide	, Undetermined man	, ,
ACTUAL SIGNATURE	plemen =	in C+	M.D. ASSISTANT MEDI	CAL EXAMINER 🖾	22. DATE SIGNED
EXAMINER'S NAME (Type)	Werner U. Spitz	23c. NAME OF CEMETERY OR (	Address (Street,	city, tawn, ar caunty)	5/31/66
23a. BURIAL, CREMATION REMOVAL (Specify)	June 1,1966	Balto- Na	+1. Cema.	23d. LOCATION (City or Tawn)	Maryland (State)
24. EUNERAL DIRECTOR	the Sing	leton Funetal	Hamil JUN	2 1966 25 JCL	arles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06342 CERTIFICATE OF DEATH 06339 requires that the death certificate be executed within 24 haurs after death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) impletely filled in by the funeral ve corban papers. Pages 1 and event, within 72 hours after deat o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Crownsville davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F 06 Crownsville State Hospital E. Madison St completely fi 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) 31958 Martha Dixon 1966 DEATH 1 YEAR 5 SEX 8. DATE OF BIRTH IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years birthdoy) Months Hours 12/8/08 Female Neoro WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Jack Carter Edith Pinnkett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, orunknown) (If yes give war or dotes of service) Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremat Hepatic Failure IMMEDIATE CAUSE (o) by the hospital or attending physician DUE TO Cirrhosis of Liver Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Chronic and Acute Alcoholism OR ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Inanition and Dehvdration NO X 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram\_ , 19 66, ta \_, 1966, that (1) (we) last 5/2/ 5/11/ be retained 5/126 19 66, and that death occurred at 9:P.M. from causes and an the date stated above. saw the degeased alth and 22b. DATE SIGNED SIGNATURE MED. DIRECTOR STAFF PHYS. 5/12/66 M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Tapp, Crownsville, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Mt Auburn ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ocharles Morth Muce DATMAY



1 M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06343 CERTIFICATE OF DEATH 06340
24 hours after death. filled in by the funeral papers. Pages 1 and 2 in 72 hours after death	1.	a. STATE  b. GDUNTY  Anne Arundel  MARYLAND  b. GITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Weeks  d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  Approximately as STATE  D. GDUNTY  Pennsylvania  Alleghany  c. GITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Pittsburgh, #37  75-3  d. STREET ADDRESS  O. IS RESIDENGE  DN A FARM!
ited within completely ve carbon i		NAME DF DECEASED (Type or print)  SEX 6. GOLDR DR RAGE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH  NAME DF DECEASED (Type or print)  SEX 6. GOLDR DR RAGE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH  9. AGE (In years   IFUNDER1 YEAR   FUNDER 24 HRS. last birthday)   Months   Days   Hours   Min.
		Female White WIDDWED DIVDRGED Sept. 21, 1885 80 yrs. Months Days Hours Min.  a. USUAL DCCUPATION (Give kind of work done in Dustry)  Housework (ret.)  The Home Sept. 21, 1885 80 yrs. Months Days Hours Min.  11. BIRTHPLACE (County & State, or foreign country)  Wheeling, W. Virginia U.S.A.  14. MDTHER'S MAIDEN NAME
e death certifica the attending ph t permit. Then l ation, or removal	1! (Y	John Glendon  5. WAS DECEASED EVER INU.S. ARMED FORGES? 16. SOCIAL SEGURITY ND. 17. INFDRMANT 17. INFDRMANT 18. CAUSE OF DEVIN (State of Service) 19. CAUSE OF DEVIN (State of Service)
aw requires that the tending physician. The seen signed by as the burial-transi prior to burial, crem	ATION	18. GAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS GAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD  Genditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TD THE TERMINAL DISEASE GDNDITION GIVEN IN PART 1(a)  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERVAL BETWEEN DNSET AND DEATH DATE OF COLUMN TO SEE CAUSE (C).  INTERV
PHYSICIAN: The hospital of this certifical detached for the Dept. of Hea	CAL CERTIFICATION	YES NO OR GONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDIGAL EXAMINER)  20c. TIME DF INJURY Month, Day, Year 20d. INJURY DGGURRED 20e. PLAGE DF INJURY (Home, farm, 20f. (Gity or town) (Gounty) (State)
PITAL OR ATTENDING 4 may be retained by RAL DIRECTOR: After or, page 3 should be be filed with the Stat	MEDICAL	Hour a.m.  p.m.  19   While at work   Not While at work   factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 5-14-, 1966, to 5-17-, 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above.  22a. SIGNOURE  22b. DATE SIGNED  ATTENDING MEL. DIREGTOR   STAFF PHYS.   PHYS.   DIREGTOR   PHYS.   PHY
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06344 06341 CERTIFICATE OF DEATH 24 haurs after death filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Anne Arundel MARYLAND Maryland Anne Arundel ease remave carban papers. Pages 1 and in any event, within 72 haurs after b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Annapolis 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YFS NO Anne Arundel General Hospital 3. NAME OF Middle 4. DATE physician and campletely f en please remave carban Last Day Year DECEASED OF FEY 8 19 66 (Type or print) Leah Pray DEATH May requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Hours March 14. 1893 Female White WIDOWED X DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAL KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY INDUSTRY 13. FATHER'S NAME -OUIS MOTHER'S MAIDEN NAME crematian, or remaval, 16. SOCIAL SECURITY NO. INFORMANT #2 (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse be detached far use as the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20e. PLACE OF INJURY (Hame, farm, (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Haur o.m. While Not While 19 at wark at wark 21. I certify that (I) (this less its) attended the deceased from 19.66, that (I) (Me) last 19 Mav director, page 3 shauld shauld be filed with the 1966, and that death accurred at May 8. M, fram causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN TO HOSPITAL Mayo Road, Edgewater, Md. NAME (Type Sylvia Lim. M.D. 23c... NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION: DATE THEREO LOCATION (City or Tawn) (County) (State) 2Sb. REGISTRAR'S SIGNATUR

A 2680 Isanara esta de la companya de la co atlogana atlogana Anne Armeil Gours at Fouritat SHOREHAM BERCH ought Misso with A Market March 11, 1895 To 72 HOME HUSENIFE St. Louis, Mo. FRED BANKS YUK PRAY 年5月5日日本 And the law of the same laye find, the award, id. BURIAL SHILL CROAR HILL SHITLAND /113 ment of the second of the seco

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. COUNTY Anne Arundel b. COUNTY MARYLAND Maryland Maryland Baltimore City
c. CITY OR TOWN (If outside corporata limits, write RURAL and give neares town) b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town! 12 days Crowns ville

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO K Eager NAME OF (Type or print)3-#31886 James Fitzgerald DEATH 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. ast\_birthday) Male Negro Months January 1, 1923 WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Virginia U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willie Fitzgerald Annie Glover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (Ifyas giva war or dates of servica) Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Hypertensive Cardiovascular Disease Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Fracture, Base of Skull, Cerebral Softenings and Complications NO T 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Accidental Fall on Street-Subsequent Operations 7 Epilep

[20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Attack CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Not While Maryland at work at work Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinion Vatural causes death resulted from Suicide Undetermined manner Accident Homicide ACTUAL. should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5 EXAMINER'S 5/4/66 NAME (Type) Elmer G. Linhardt. Address (Streat, city, town, or county) please 4 shoul O FUN Health 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 66 Arbutus Memorial PK. H. Lick 2431 E. Oliver St. DATE MAY VR A15ME 5M 1/62

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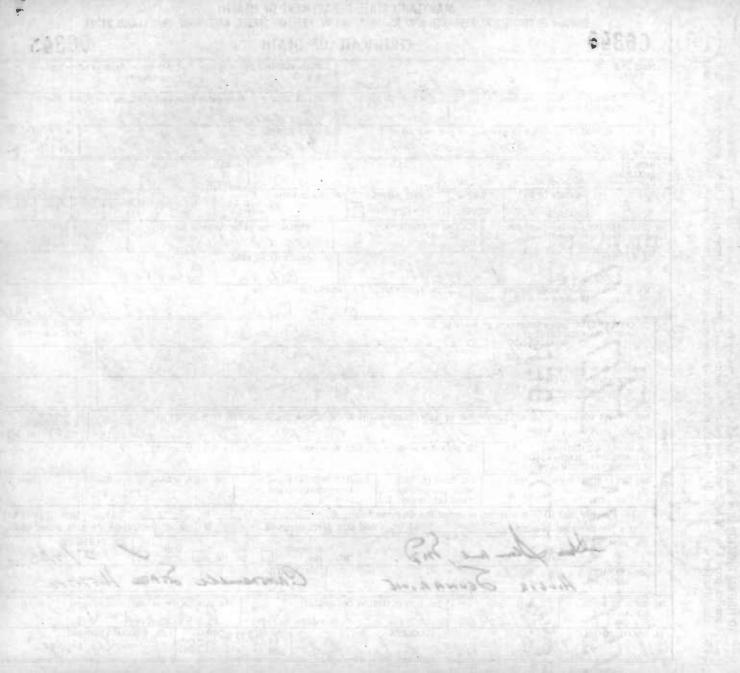
BA	Division of STATISTICAL RESEARCH AND RECORDS, 30		
LIVI	06346 CERTIFICATE	OF DEATH	06343
er death	O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: R o. STATE b. COUNTY	esidence before odmission)
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	(Type or print)  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFL	INDER 1 YEAR IF UNDER 24 HRS. On this Doys Hours Min.
	0o. USUAL OCCUPATION (Give kind of work done luring most of working life even if retired)  WIDOWED DIVORCED 100. KIND OF BUSINESS OR INDUSTRY	7-20-1880 86 yrs.	12. CITIZEN OF WHAT COUNTRY?
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BE	N. VAMES GALLOWAY  IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MARGARET M-DOL NFORMANT Address	IALD
B.	(Yes, no, or unknown) (If yes give wor or dotes of service) 29 32 0495 MA	IRTHA L. GALLOWAY	#2-
, celliding,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Auction (c).	1 Bladdey	INTERVAL BETWEEN ROSET AND DEATH
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	OR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)	
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	21. I certify that (I) (this hospital) attended the deceased fram	2-10, 1966, to 4-2/ t death accurred at 5.461. M, fram causes and	, 1966 that (I) (we) la
WILL	220. SIGNATURE		2b. DATE SIGNED
pe IIIe	22c. PHYSICIAN'S NAME (Type) Richard I. Hochman, M.D.	22d. ADDRESS 59 Franklin St., Annapoli	is, Md.
shauld be tiled with the	230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (	CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
B	24. FUNERAL DIRECTOR ADDRESS ADDRESS WAS		AR'S SIGNATURE when Judge
DIE	Company Company	ו מספו פי אוטשיו	

CESAC TRANSPORTED TO THE PERSON OF THE PARTY HILLE HELVIDEL 110 St. HARGAREETS RIVIA Bay MALDOR NURSING HOME GEORGE W. GALLOWAY SO SO SE 9-21-1880 88 WHTERHAND FISH PRUB, MD. 45H BULTAMES GALLOURY MARGARET Mª DOUALD 219 32 CHS MARTHA L. CALLOWBY #2 and a second to be come, i.e. the second of the company of the BIRTAL 6-2-66 RIVA RIVA HO. John M. Totherdow aungolis Med 3 355 Miles Sugar

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06343 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 24 hours after death death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND hours after CLENGTH OF STAY IN 16 outside carporote limits. give neorest town) IS RESIDENCE ON A FARM? completely filled in remave corbon popers. (If not in hasotral, give street address YES low requires that the deoth certificate be executed within DATE 3. NAME OF Middle Doy Year DECEASED (Type or print) OF DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED ofthdoy) Months Dovs Hours WIDOWED DIVORCED puo 10o. USUAL OCUPATION (Give kind af work dane during mast stwork in allite, even if retreet 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT the ottending physician sit permit. Then please remov INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. burial-transit permit. (Yes, no orunknown) (If yes give wor or dates of service) cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ attending physician. DUE TO TO FUNERAL DIRECTOR: After this certificate has been signed burial, Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CERTIFICATION NO X YES [ be retained by the haspitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. While Not While OR ATTENDING at wark 1965, to May , 19 (aC, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from Dec 1966, and that death occurred at 1 h M, from causes and an the date stated abave. saw the deceased alive on May 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS TO HOSPITAL Page 4 moy b 22c. PHYSICIAN'S HNNapol Cal NAME (Type) (Stote) (County) BURIAL, CREMATION, REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06345 within 24 hours after death cion and completely filled in by the funeral ease remove carbon papers. Pages 1 and and in any event, within 72 hours ofter deap 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY g. STATE h COUNTY MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES | NO X 3. NAME OF Middle First DATE Lost Month Doy Year DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? physicion ATTENDING PHYSICIAN: The law requires that the death certificate House wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, signed by the attending phy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospitol or offending this certificate has been os the last. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 🔀 YES -Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After ot work ot work pe 21. I certify that (1) (this haspital) attended the deceased fram. 1966 that (1) (we) last plnods 19 66 and that death occurred at 840 M, fram causes and an the date stated obave saw the deceased alive on 22o. SIGNATURE DATE SIGNED, MED. DIRECTOR ATTENDING M.D. PHYS. Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should by BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



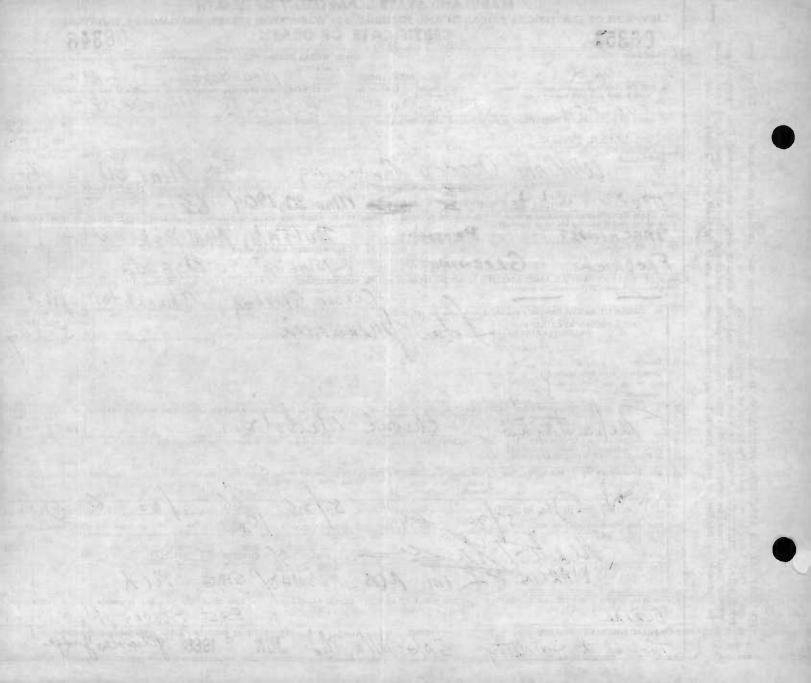
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Fil RTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH physician and campletely filled in by the funeral en please—emove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY HRUNDEL MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 2 DAYS DALTIMORE CROWNSDILLE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? EDGENATEZ 06 YES NO T 3. NAME OF 4. DATE Month Year Day DECEASED MAY TLASS 19 66 DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED Months WHITE DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAN 454. 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Martin Alvey-633 Walker Ave. Balto no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PNEUMONIA burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) oftended the deceased fram. \_\_\_\_, that (I) (we) last and that death accurred at 10 36PM, fram causes and an the date stated above saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S directar, pa shauld be f NAME (Type) EUNARINE 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Cremation May 24.1 Greenmount Crematorium
ADDRESS 2So. REC'D BY REG Baltimore 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Sander & Sons, Inc., Balto., Md.

THE THINGS 32 PAGE SE 3710 ENDENDTERS CAMBRILLE STITE HERTHE - 1438 EH -GLASS LAN 12/24/81 85 M COUNTE HARY CHED MARCH TE LOH. TT Control ove tealing for -yevia birgalland HUERMANNE HERE DEATHER & WHELMATHER and the part of a single 5/20/2 2/20/ct 10 31/20/2 Close Sensaline In Comment Sint House material and the second of the B. Sandor & Sone, Inc. , See ap. , or . 1958 | Plant S. 1958

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before edmission . COUNTY b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) rita RURAL and give nearest town Pages filled papers. Pagin 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middla 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 12 19 66 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR B. NOTE OF BIRTH IF UNDER 24 HRS last birthday) Months WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY done, during most of working life, even if retired) INKnowN 13. FATHER'S NAME MOTHER'S MAIDEN NAME anknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyas give wer or dates of servica) 18. CAUSE OF DEATH [Enter only one causa par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 4 for 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Whila Not Whila Hour a.m. at work p.m DIRECTO 1965 to 5-12 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 25 19.66, and that death occurred a U.P.M., from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING FUNERAL DIRECTOR PHYS. PHYS. Rellias M.D. HOSPITA 22c. PHYSICIAN'S 22d. ADDRESS 0, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town D ig & 23a. BURIAL, CREMATION, 23b. 256. REGISTBAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE TREET ADDRESS ON A FARM? YES NO NO 3. NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER LYEAR IF UNDER 24 HRS. DATE OF BIRTH lest birthday) Deys Months Hours WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, (County) (Stete) 20f. (City or town) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. | certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above. saw the deceased alive on..... 1966., and that death occurred at 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF LOCATION (City, town or county) (State) NAME OF CEMELERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE DDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 15M 7-62

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DEPUTY MEDICAL EXAM scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth or its designated age		21. I certify that I took charge of the deoth resulted from: Natural cause	/ /	ide 🔲, Hamicide 🔲, Undetermined ma	ry 💽 ond in my apinian nner 🗌
ple I d		ACTUAL SIGNATURE Tradework	,	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06352 CERTIFICATE OF DEATH 06355 The law requires that the death certificate be executed within 24 hours after death deoth attending physicion and completely filled in by the funeral permit. Then please terral or arbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Anne Arundel o. COUNTY o. STATE Anne Arundel MARYLAND Marvland von papers. Poges 1 within 72 hours ofter b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) 1 Month Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 302 Chesapeake Ave. YES NO X Anne Arundel General Hospital n ony event, with NAME OF Middle 4 DATE Day Year DECEASED HALL 19 66 Wesley May (Type or print) MMN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost hirthday) Months Doys Haurs Feb. 13. 1893 WIDOWED DIVORCED Negro Male 10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired—U.S. Naval Academy 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? ane Annapolis Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca Hemsley John W. Hall 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? f6. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war or dates af service) 10 Carrie Hall-302 Chesapeake Ave. Anna. Md. 216-32-7168 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been : os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use with the State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office blda., etc.) Nat While at wark 21. I certify that (I) (this has been been deceased from , 19 1/2, to May 22., 1966, that (1) (100) last May 22, 19 66, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 62 Cathedral St., Annapolis, Md. T. Allen, M.D. director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) Burnal (Specify) Baltimore, Maryland Baltimore National U.S. May 25-66 ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.E.Hicks 111 Annapolis, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06353 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAU and give marest lown) c. LENGTH OF STAY IN 16 c. CITY ORITOWN (If autside corporate limits, write RURAL and give nearest town) Rdrs. d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d. STREET ADDR OR INSTITUTION ON A FARM? YES NO M 3. NAME OF DATE First Middle Year DECEASED (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED | DIVORCED [ YES. 10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or during post of working life, even if retired) 12. CITIZEN OF WHALCOUNTRY? foreign country 21 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 05 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) and DUE TO Canditians, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. (I) (this haspital) attended the deceased fram. that (I) (we) last and that death accurred at MAM, from the causes and an the date stated above ceased al SIGN ATTENDING MED. DIRECTOR STAFF PHYS. af M.D 22c. PH WICIAN 22d. ADDRES page 3 sh the State 23d TOCATION (City, town, or Kour 230. BURIAL CREMATION 23b. DATE THEREOF CEMETERY OF CREMATORY ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR

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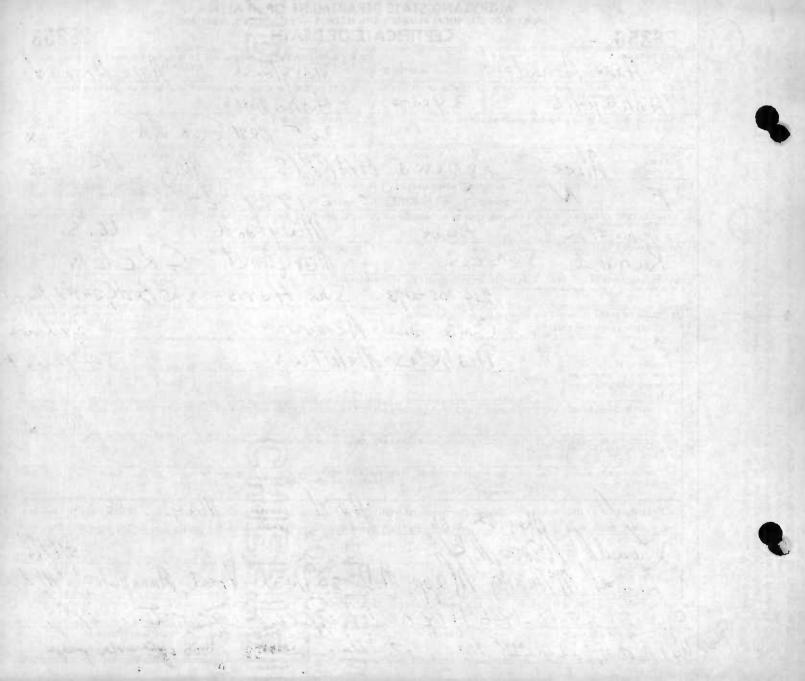
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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er death		PLACE OF DEATH D. COUNTY	Anne Aruno	del	MARYLAN	0.	STATE	(Where deceosed li	ved, if institution: b. COUNTY		odmission)
ithin 72 hours after death:		o. CITY OR TOWN (If out write RURAL and give Anna.  I. NAME OF HOSPITAL OR	nearest town)	hasital a	c. LENGTH OF STAY IN 16			outside corporate li	mits, write RURAL	02	tawn)  IS RESIDENCE
n 72		nne Arunde]					Box-458,	Cyril A	ve.		ON A FARM?
event, with	3.	IAME OF DECEASED Type or print)	First Ernest		Middle Monroe		Lost ARTMAN	4. DATE OF DEATH	Month May	Doy	Year 19 66
	S. :	EX 6. C	OLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATI	OF BIRTH	9. AG	E (In years IF st birthdoy) M		IF UNDER 24 HRS Hours Min.
	10o. duri	Male V USUAL OCCUPATION (Give ng most of working life, et Cool Die Ma FATHER'S NAME	kind of work done	IN.	DIVORCED DIV	11.1	27, 19 BIRTHPLACE (Count BALTIME MOTHER'S MAIDEN	y & State, or foreign	country) laryland	12. CITIZEN OF Y COUNTRY?	VHAT
	1S. (Ye	WAS DECEASED EVER IN U i, no, or unknown) (If ye	give wor or dotes of se	rvice) 21	SOCIAL SECURITY NO. 6-05-1352	17. INFORM		BECK Hartman	Box 450	8, Cyril	and
		18. CAUSE OF DEATH WART I. DEATH WART I. DEATH WART II. DEATH WART III. D	S CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO h gove (b), se (o),	per line for	Meter la	ofene to b	er fale has fale sandroy	11	uviva	Ly.	VAL BETWEEN T AND DEATH
0	CERTIFICATION	PART II. OTHER SIGNIFIC 20o. ACCIDENT WAS UND OR CONTRIBUTING □ CA	RLYING		O DEATH BUT NOT RELATED					P	VAS AUTOPSY PERFORMED?
	MEDICAL CE	20c. TIME OF INJURY A Hour o.m. p.m.	AL EXAMINER)	20d. IN While of work	Not While		NJURY (Home, for eet, office bldg., etc		ty or town)	(County)	(Stote)
		21. I certify the		al) attend May 1	ded the deceased fra 319_66_, and	mthat deat	d accurred a		May 13 am causes and	, 19 <u>66</u> the d an the date	it (1) <b>jære</b> ) la stated abav
		220. SIGNATURE	and blue	el.		M.D. PI	IYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED	66
/		22c. PHYSICIANS NAME (Type)	Gerard Ch	urch,	M.D.		22d. ADDRESS 21 Cathe	dral St.	Annapo	olis, Md	
a		BURIAL, CREMATION, REMOVAL (Specify) Burial	May 17,		23c. NAME OF CEMETER		ial Parl	Ritch	ON (City or Town) Le Hgwy,		
A	100	FUNERAL DIRECTOR GOODS	once 4001	Ritch	ADDRESS ie Hgwy, Bal	Lto, M		17 196		rar's signature	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06355 requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral temave carban papers. Pages 1 and 2 any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Marvland MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURAL and give negrest town) c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b 32 years Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 06 1518 Pennsylvania Ave. Crownsville State Hospital YES NO X 3. NAME OF 4. DATE First Middle Last Month Dov Year DECEASED (Type or print) #04214 18 1966 Julia Harvey **OEATH** 9. AGE (In years S SFX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIEO 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Hours --1892 WIDOWED X Female Negro DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY SA ease INDUSTRY the attending physician sit permit. Then rease Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown cremation, ar remav Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Unknown Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN TO FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 shauld be detached far use as the burial-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Bilateral Hydrothorax IMMEDIATE CAUSE (o) the haspital ar attending physician DUE TO Bronchogenic Carcinoma Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION Inanition YES X NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) ot work ot work be retained by 21. I certify that (I) (this haspital) attended the deceased fram 6/19/ , 1934, ta 5/18/, 1966, that (1) (we) last 5/18/ 7766, and that death accurred ot8:00 M, from causes and on the date stated obove saw the decepsed alive on 22o. SIGNATURE 22b. DATE SIGNED STAFF OIRECTOR A PHYS. 5/24/66 M.O. 22d. ADDRESS 22c. PHYSICIAN'S Benedict, M. D. Crownsville State Hospital, Maryland NAME (Type) should 23b. DATE THEREOF 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Baltimore Maryland 5/25/66 Univ. of Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 N 20 M 1/66 Annapolis Mast else

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 96356 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) ll Months Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital 11 Melroe Court, Apt. YES NO X 3. NAME OF 4. DATE Middle Month Dey DECEASED OF (Typa or print) DEATH 23 Robert Harold HELMS 1966 May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male WIDOWED DIVORCED [ 10 December 1917 Cauc. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. ARMY (Active) Columbiana, Ohio USA Platoon Sgt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert C. Helms Alta Mc Intosh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Melroe Court. Apt., 102 (Yes, no, or unkown) | (Ifyesgive wer or dates of sarvice) 1943-Present Mrs. Helms (Wife) Yes Unknown Annapolis, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), en INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office Coronary Sclerosis DUE TO Conditions, if eny, which " (b) Arteriosclerotic heart disease geve rise to immediate cause DUE TO writing the word "pendin Chief Medical Examiner Page 3 should be used as (a), stating the underlying causa test. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 2 NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) MEDI Hour a.m. While Not While et work et work OR: 0 21. I certify that took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 4 should be for edeath resulted causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER its SIGNATU DEPUTY MEDICAL EXAMINER 5 EXAMINER'S NAME (Type) please 4 shoul O FUN Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREO NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) .1966 Holy Cross Cemetery May 28 BURTAL Akron, Ohio VR A15ME 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland burial, crematian, or remaval, and in any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Gambrills 3 days e. IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS Rutland Road Anne Arundel General Hospital YES TO NO 3. NAME OF Middle 4. DATE Doy First Lost Month Year DECEASED HOPKINS May 19 66 Linthicum Amv DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Months Hours White Female. WIDOWED DIVORCED Dec. 1. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS ORE **COUNTRY?** during most of working life, even if retired) Anne Arun Maryland II.S. ret. teacher educati on 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Linthicum Samuel Snowden Hopkins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death Miss Nancy Hopkins same as #2 above INTERVAL BETWEED 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o be retained by the hospital or attending physician. Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES NO OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. Not While foctory, street, affice bldg., etc.) at work of work , to May , 19 66 that (I) (war) last 21. I certify that (1) (1) (1) (1) attended the deceased from . 19 M, fram causes and an the date stated above. 19.66, and that death accurred at saw the deceased alive an\_\_\_\_ May 2 6:20 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 幻 DIRECTOR directar, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frank M. Shapley Cathedral St., Annapolis, Md. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) . Stephens Cemeterv Miller sville Burial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 Maryland HOPPING FUNERAL HO

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	= 50 N	06361 CERTIFICATE OF DEATH
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,	by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 hours filled in by sapers. Pagin 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
	vithin 24 etely fillec rbon paper , within 72	NORTH HRUNDE / HOSPITA/ Rt. 5-Box 23  VES NO NO. NAME OF First Middle Last 4. DATE Month Day Year
	rted within completely ve carbon event, with	(Type or print) ALBERTA R JACOB DEATH MAY 25 1966
	xect and any	5. SEX    6. CDLDR DR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS last birthday)   Months   Days   Hours   Min.
		10a. USUAL OCCUPATION (Give kind of work done and of work done in the country) 10b. KIND DF BUSINESS OR in the country of the country) 11b. BIRTHPLACE (Country & State, or foreign country) 12c. CITIZEN DF WHAT CDUNTRY?
	ding phy Then pl removal,	OFFICE WORK FRED E. VOGES CO. 1914271 MORE, 114. MOTHER'S MAIDEN NAME
:	death certif ne attending permit. The ion, or remo	MORRIS ROKOS   NELLIE NOVER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Address PASADENA, MD NO   213-18-1880MR. ROBERT E. JACOB, RT. 5 BOX 23
	requires that the ding physician. been signed by the burial-transit the burial, cremator to burial, cremator.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TD  DUE TO  DUE TO  DUE TO
		PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES NO
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	DING PH ed by the After th Id be det e State D	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, st
	. DR ATTENDING I , be retained by the DIRECTOR: After age 3 should be compared by the State and the State are a state.	21. I certify that (I) (this hospital) attended the deceased from 5-25-, 1956, to 5-25-, 1966, that (I) (we) last saw the deceased alive on 5-25- 1966, and that death occurred at PM, from the causes and on the date stated above 22a. SIGNATURE
	L DR by be age 3 filed v	ATTENDING MED. STAFF  22c. PHYSICIAN'S NAME (TYPE) D. S. S. J. J. N. A. A. S.  22d. ADDRESS  22d. ADDRESS
	O HOSPITAL Page 4 may D FUNERAL director, pa	23a, BURIAL, CREMATION, 23b, DATE THEREOF   23c, NAME OF CEMETERY OR CREMATORY   23d, LOCATION (City, town or county) (State)
	E E E	REMOVAL (Specify)  BURIAL 5-31-66 BALTIMORE NATIONAL CEM. BALTIMORE, MD.  24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	HOWARD H. HUBBARD, 4107 WILKENS AVE. #25MAY 31 1966 Charles Judge
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AND THE STATE OF THE SECOND STATES OF THE SECOND SE P. D. Davids, mile in the control of ALL E MR CODEN & TRADE STREET . One (a support that the second control of Second a membran, story with the . Two and they are the passent and they are

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-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVIAND
M	06363 CERTIFICATE OF DEATH	06360
· INI	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY	ence before admission
urs after deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give rule RURAL and give	re nearest town)
nours an	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  Carisle	a. IS RESIDENCE ON A FARM
	(Type or print) HILDA C JOHNSON OF DEATH MAY 2	6 1966
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jest birthday) WIDOWED DIVORCED 9-23-1880 9. AGE (In years Jest birthday) WIDOWED DIVORCED DIVORCED 9-23-1880 9. AGE (In years Jest birthday) yrs.	Hours Min.
	done during most of working life, even if relired) Port home Sevedan Il	OF WHAT COUNTRY
	Wellelin Ostman Orhum	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or ankown) (Ifyes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Well  Address  Address	ous
		ONSET AND DEATH
	Conditions, if any, which (b) arterioscleratic Cardiovancular disease	1 week
	(a), stating the underlying DUE TO cause last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.)  factory, street, office bldg., atc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased from may 1966, to may 26, 1966 saw the deceased alive on 1966, and that death occurred at 2,6 M, from the causes and on the	date stated abov
1	22a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12d. ADDRESS  22d. ADDRESS  22d. ADDRESS	hay 1966 SIGNE
	NAME (TYPE) M. SIMITIT SEVERNA PTC,	LLD (State)
	remation 5-28-66 Lee F. H. Crematar, Washington	IATURE (SIGN)
	MAY 31 1966 Icharles V	udal

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## MARYLAND STATE DEPARTMENT OF HEALTH

06364			CERTIFIC	ATE	OF DEATH		SWE	0636	51
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write RURAL an	(If autside carparate limit id give nearest tawn) NSVIILE	s,	c. LENGTH OF STAY IN 11	b	c. CITY DR TOWN (If ou Baltimo		ts, write RUR		rest tawn)
	TAL DR INSTITUTION (If no neville St			9	d. STREET ADDRESS	ith Macy	n St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) #	Fi	race	Middle		lost Jones	4. DATE OF DEATH	Month May	_	oy Year 19 66
s. sex Female	6. COLOR DR RACE	7. MARRIED WIDOWED	NEVER MARRIED	3 8	DATE OF BIRTH 1/28/91	9. AGE	(In years birthday) yrs.	IF UNDER 1 YEAR Months Day	R IF UNDER 24 HR
10a. USUAL OCCUPATION during mast of warking HOUSEW1			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County North Car			12. CITIZEN COUNTR	
13. FATHER'S NAME	d Tucker	wil had			14. MOTHER'S MAIDEN M Mattie	NAME BUSTONE	-		
1S. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	SOCIAL SECURITY NO.		NFORMANT Ospital Rec	cords	Addres	S	
18. CAUSE OF D	hish among s	(a) C		lea:	rt Failure	)isease			NTERVAL BETWEEN ONSET AND DEATH
rise to immediate stoting the under last.	te cause (a), PUE	10 (c)							
PART II. OTHER S	IGNIFICANT CONDITIONS Q	ONTRIBUTING T	O DEATH BUT NOT RELATED	D 10 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN P	ART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING  GC CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (	Enter nature of injury in I	Port I or Part II of	item 18.)		
20c. TIME OF INJ	URY Month, Day, Year m.	20d. IN While at wark	Nat While		E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		ar town)	(Caunty)	(Stote)
	ify that (I) (this has leceased alive on_	pital) attend 5/3	ded the deceased fra	m_ d that	4/25/ , 1 death accurred at	9 <u>66</u> , ta 10:35M, fran	5/31/ n causes a	, 19 <u>66,</u> ind an the d	that (I) (we) I ate stated abo
22a. SIGNATURE	11/111	ulis	<	M.D			STAFF PHYS.	22b. DATE SI 6/1/6	
22c. PHYSICIAN'S NAME (Type		ict, M	.D.		22d. ADDRESS Crownsv:	ille, Ma	rylan	d	
230. BURIAL, CREMATI REMOVAL (Specification)	ON, 23b. DATE TH		23c. NAME OF CEMETER			23d. LOCATION 7225 I	(City or Tow		
24. FUNERAL DIRECTO	OR O		stern Ave.		25a. REC'D	BY REGISTRAR 6 1966	0.41.0	ISTRAR'S SIGNAT	TURE

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and it only event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86365 CERTIFICATE OF DEATH 06362 filled in by the funeral on papers. Pages 1 and 2 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY a STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND event, within 72 hours ofter Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Arnold 7 days Annapodis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-1, Box-113 Anne Arundel General Hospital YES | NO d completely fi 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED KALDENBACH May 11 66 19 Edward (Type ar print) Henry DEATH IF LINDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Davs White June 29, 1908 Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Do. USUAL OF EUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Marvland physical 13. FATHER'S NAME MOTHER'S MAIDEN cremotion, or removo INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or ottending physician. DUE TO MKnym Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause detoched for use os the te Dept. of Heolth prior to this certificate has been arcinomo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PARFORMED? CERTIFICATION 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Haur o.m. Not While ot wark TO FUNERAL DIRECTOR: After pe 21. I certify that (1) (this hospital) attended the deceased fram. 1966 to May 11 19.66, that (1) (3/24 last 3 should b 19 66, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an May 11 22b DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) SouthRivMedCent., Edgewater, Md. Charles W. Kinzer, M.D. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) FUNERAL DIRECTO 2Sq. REC'D BY REGISTRAR VR A15 (4)( 20 M 1/66

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To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

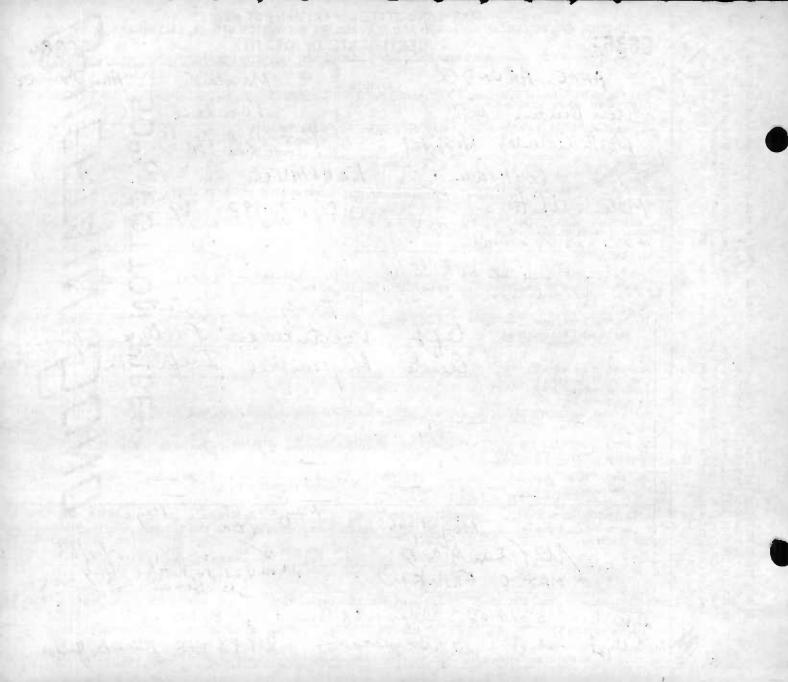
	MARKING AND ADDRESS DEPARTMENT OF HEALTH	
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
2269	CERTIFICATE OF DEATH	063

	06366 CERTIFICA	TE OF DEATH	06363
1.	a. COUNTY HE Arwall MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)  A. A.
	b. CITY DR TOWN (if outside corporate limits, write RURAL and rive nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sirect address	s) d. STREET ADDRESS	e. IS RESIDENCE
	Posodene	3 ock ove	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) and lea Kude	Last 4. DATE Month DF DEATH 5-29-60	Day Year
5.	WARKIED NEVER MARKIED	8. DATE OF BIRTH 1885 9. AGE (In years   IFUNDER)   Months	Days Hours   Min.
	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  WIDOWED DIVORCED  DIVORCED INDIVIDUAL TOP INDIVIDUAL		TIZEN OF WHAT
13	KATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	Julies yours	Unknown	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address	
$\vdash$	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Herman J. Kinder, same as 2	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conpession A	least Fachero'	ONSET AND DEATH
	Conditions, if any, which but to Conditions are conditions.	monole.	
	gave rise to immediate cause (a), stating the underlying cause last.	uo.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING DON'S CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P   Hour a.m.   While   Not While   at work   at work	LACE OF INJURY (Home, farm, tory, street, office bldg., etc.) (City or town)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from_		, that (i) (we) last
	saw the deceased alive on 5-29-60 19 , and the same same same same same same same sam	nat death occurred at 10 PM, from the causes and on the	te date stated above.
	(Xoley C. Holin,	ATTENDING MED.  1.D. PHYS. DIRECTOR PHYS. 5	29-66
	22c. PHYSICIAN'S NAME (Type) Robert R. HAHN.	P.O. BOX 73 Severno	Dorkino
23	REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or cou	
2/	Burial 2 June 66 Cedar Hil	1 Cemetery Baltimore, Md.	21225 S SIGNATURE
-	Kirkley Funeral Home, Glen Burnie, M	and a	44

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE after MARYLANO by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (12) outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours asadena mer and = papers. in 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE d. STREET AODRESS 10 ON A FARM? within . NOX YES within completely carbon 3. NAME OF DATE Middie Month 4. Oav Year DECEASEO OF event, 182 (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR OATE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. remove 7. MARRIEO NEVER MARRIEO urthday) Months Davs Hours and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done of the line of business or during most of working life, even if retired) in INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT cian ease COUNTRY? and Md. Ketered - NAVY CIU. EMP USA phys certificate 0 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME removal attending in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS NECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a). **OUE TO** Cenditions, If any, which (b) peen gave rise to immediate 中中 DUE TO cause (a), stating prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMEO? certificate NO F YES T PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While OR ATTENDING at work at work p.m. 0 May 11, 1966, that (1) (we) last the 66. to 21. I certify that (I) (this hospital) attended the deceased from 19 TO FUNERAL DIRECTOR: 1966 40 AM. from the causes and on the date stated above. saw the deceased alive on. 3 sho and that death occurred at/ 22a. SIGNATURE 22b. pe page ATTENOING DIRECTOR M.D. PHYS. PHYS. O HOSPITAL 22c. PHYSICIAN'S director, p 22d. AOORESS NAME (Type) 210 23a. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 20 FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



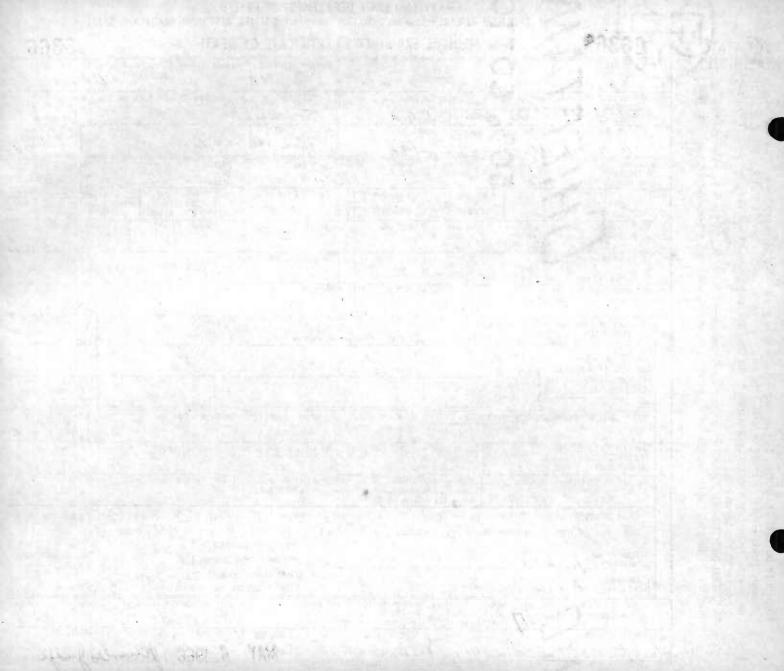
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06365 law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remays carban papers. Pages 1 and nany event, within 72 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Marvland Anne Arundel MARYLAND b, CITY OR TDWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) llvr.4mo.22da Baltimore, Maryland Crownsville d. NAME OF HDSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 8711 Baker Ave. YES NO K 3. NAME OF Middle 4. DATE Last Manth Day Year DECEASED OF DEATH (Type or print) #28574 Walter LADYSLAW Kowalczyk 5 19 66 IF UNDER 24 HRS. 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months Days Haurs White Male WIDOWED DIVORCED 4-17-05 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poland lease INDHISTRY POLAND and (Concerved to Steverdore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Unknown Unknown 17. INFORMANT & KOWAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. Address SIO CLIFFEDGE RD, Hospital Records NO CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Congestive Heart Failure IMMEDIATE CAUSE (o) 4200 DUE TO Canditians, if any, which gave Arteriosclerotic Heart Disease rise ta immediate cause (a), DUF TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V far 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) factory, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram... 1966, that (I) (we) lost 12/19/, 194\_, to 5/2/ 19.66, and that death occurred of 6.15 M, from couses and on the date stoted obove saw the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 5/3/66 DIRECTOR & M.D. director, page shauld be filed 22c. PHYSICIAN'S Benedict, M. D. Crownsville State Hospital, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2007 EASTERN VR A15 (4) DATAY Milanles BALTOMO

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06366 FOR STAT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 10 MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond SELERN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e Stote Der 72 hours Item 18. Give Pages 1, Box 140-EV. 170 P.O.A- NORTH. ARONDEL - HOSPITAL. NO M 3. NAME OF 4. DATE Month Dov Year DECEASED 5 3 KRAM. 1066 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years Jast birthdoy) Months Hours WIDOWED hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? isting house any 1000 Relator 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME pag within \_= IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT be executed or removal. (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: myolached IMMEDIATE CAUSE (o) should writing the word buriol, cremation, Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificate stoting the underlying couse 0 0.5 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES NO X agent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work Inspection 7 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 7 and in my opinion for death resulted from? Natural causes Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be re SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 REMOVAL (Specify) / 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages I urs after Anne Arundel MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Te p Severna Park 16 Yrs .≡ Severna Park filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within # 39 Boone Trail 39 Roone Trail YES NO within completely carbon 3. NAME OF First DATE Month Middle DECEASED event, (Type or print) DEATH 19 May 66 EMILY H DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) Months Hours and in any Female White 19, 1876 WIDOWEO K DIVORCED [ June 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY Housework (ret. NWD Home New York Eitv certificate ㅁ removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then Theodore Hesselmever Jacoba D. Krebil 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. Same As death (Yes, no, or unkown) (If yes give war or dates of service) No None Mrs. Althea L. Wilson (daughter) None 85 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h hed for use it. of Health p PERFORMED? the hospital or NO T YES PHYSICIAN: this cerum detached fo 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After retained by pe at work at work p.m. DIRECTOR: A age 3 should lied with the S pluods 21. I certify that (I) (this hospital) attended the deceased from to\_ saw the deceased alive on. and that death occurred at M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 5/2/66 filed ATTENDING MED. M.D. PHYS. DIRECTOR PHYS. HOSPITAL 22d. AODRESS TO FUNERAL PHYSICIAN'S director, p NAME (Type) Ray M. Smithm M. D. Hahn Prof. Bldg., Severma Pk., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23a. Baltimore Co. Maryland Moodlawa Cemeterv 966 Auria. May 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR AOORESS 1966 VR A15 (4) Glen Burnies Md. Richard V. Singleton 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06368 death requires that the death certificate be executed within 24 haurs after death the funeral ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel and completely filled in by the fur emove corbon papers. Pages 1 arony event, within 72 hours after Marvland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) days Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 21 West Washington St. YES NO XX 3. NAME OF Middle First Lost 4. DATE Dov Year DECEASED LANE Earnest William 2 19 66 (Type or print) DEATH Mav S SEX IF LINDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 8. DATE OF BIRTH 6-3-1906 9. AGE (In years 7. MARRIED NEVER MARRIED 59ost birthdoy) Months Dovs Hours DIVORCED WIDOWED Male Negro 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Annapolis -Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar removal, Andrew Lane Susanna Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na grenknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 214-05-1591 17. INFORMANT Address Ruth Johns-10 carver St Anna. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the has been lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BEY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use of Heolth NO YES LILUTE Page 4 moy be retoined by the hospital ar this certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. (City or town) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work O FUNERAL DIRECTOR: After director, page 3 shauld be c 21. I certify that (1) (this constant) attended the deceased from April 23., 1966, ta May 2., 1966, that (1) (We) last director, page 3 shauld should be filed with the 19.66, and that death accurred at \_M, from causes and an the date stated above. saw the deceased alive an\_ 3:00 MED. 22o. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** XX M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Mayo Roa d. Edgewater. Md. Svlvia Lim. M.D 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Bur REMOVAL (Specify) May 5-66 Annapolis. Md. Brewer Hill 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 C.E. Hicks 111 Annapolis, Md. DATMAY 9 1966

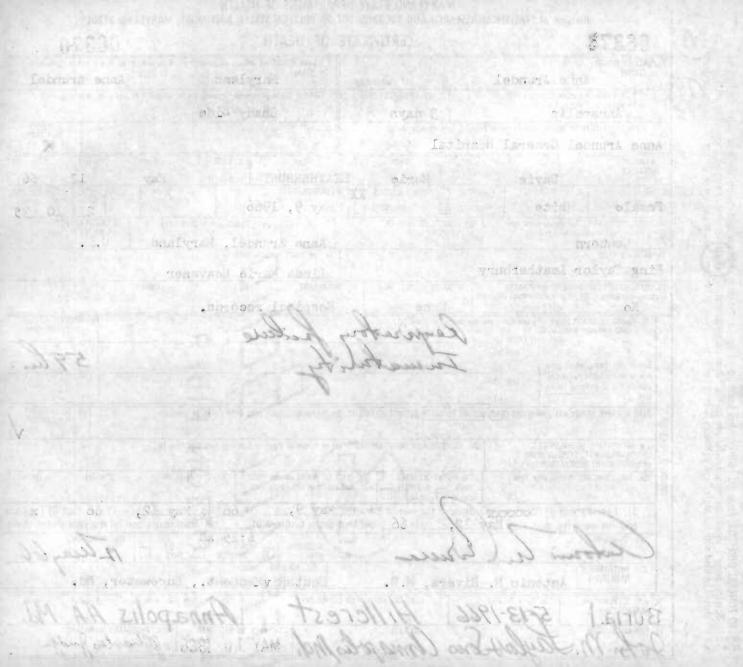
MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06373 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death. 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND haurs after and campletely filled in by the t b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Shady Side 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS in any event, within 72 Anne Arundel General Hospital YES NO requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Doy Year DECEASED (Type or print) LEATHERBURY Marie DEATH 12 19 66 Davie May S. SEX AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Female White May 9, 1966 WIDOWED 2 10 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) during most af warking life, even if retired) COUNTRY? INDUSTRY Newborn Anne Arundel, Maryland U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME King Taylor Leatherbury Linda Marie Heavener 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates of service Hospital records. No None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse as the priar to Page 4 may be retained by the haspital or attending has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use Health NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, office bldg., etc.) Nat While After at wark 21. I certify that (I) (this charitel) attended the deceased from\_ , 19 66, to May 12, 19 66, that (I) (we) last May 9. 3 shauld 1966, and that death accurred at O FUNERAL DIRECTOR: sow the deceased alive on Mar 12 M, fram causes and an the date stated above. a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Antonio M. Rivera, M.D. SouthRivMedCent. Edgewater, Md. DATE THEREOF BURIAL, CREMATION 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



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r removal	15	. WAS DECEASED EVENTINO. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT (Wife)	Address Sou	thgate Ave
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remation,		Yes 1975-1947/1911-1947 Mr 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	s. Lydia Lewis	Annapolis, M	INTERVAL BETWEEN
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	ERT	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   CONTRIBUTING   CAUSE OF DEATH   CIFETHER, NOTIFY MEDICAL EXAMINER	KKED. (Enter nature of injury in P	art i or Part II of Item 18.)	
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		21. I certify that (this hospital) attended the deceased from 2			
			death occurred at 8:05, fr		
	-	22a. SIGNATURE	ATTENDING - MED. AM		TE SIGNED
		Villand K Clienty M.D.	PHYS. DIRECTOR	T STAFF 26 Mg	av 1966
1		22c. PHYSOLIAN'S NAME (Type)	22d. ADDRESS		
/		Willard P. ARENTZEN, CAPT (MC USN	U.S. Naval Hosp		
	232	BURIAL, CREMATION, 23b. DATE THEREOF 239. NAME OF CEMETERY	OR CREMATORY 23d LC	CATION (City, town or cour	nty) (State)
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()	24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGI	STRAR 25b REGISTRAR'S	SIGNATURE
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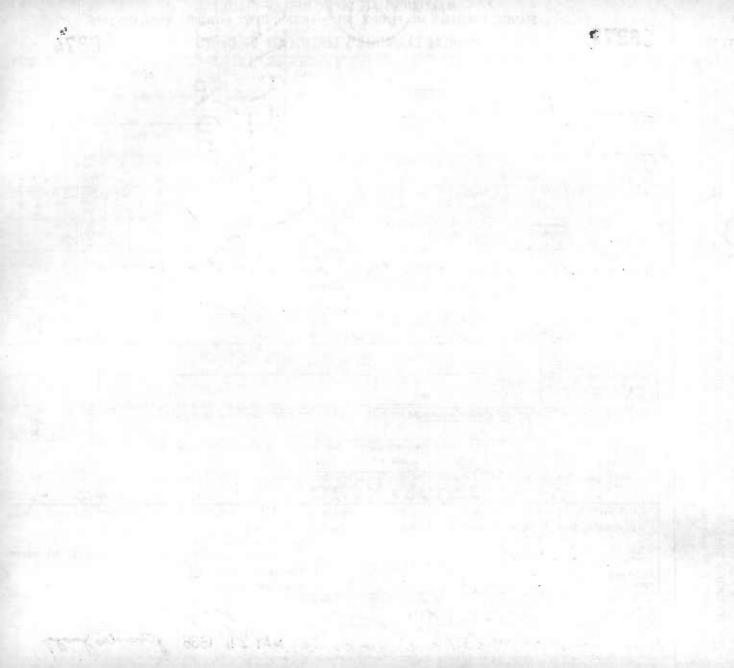
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86376 CERTIFICATE OF DEATH 66373 deoth. requires that the death certificate be executed within 24 hours after death expletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Maryland Baltimore City b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) C. LENGTH-OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville 10mes 27 days 21-4 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO 1016 Baylis Street 3. NAME OF Middle 4. DATE First Lost Dov Year DECEASED (Type or print) 3-#25043 Alma Lohn DEATH 3 19 66 LIF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIFD NEVER MARRIED ove lost birthdoy) Months Dovs Haurs Female White Aug. 16,1885 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY A. the offending physician-sit permit. Then please Farm & Factory
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, August Neff Johanna IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) Unknown Hospital Remrds No cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Pneumonia - Terminal IMMEDIATE CAUSE (o) signed by DUE TO burial, Canditions, if ony, which gove Arteriosclerotic Cardiovascular Disease rise ta immediate cause (a). DUE TO prior to stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

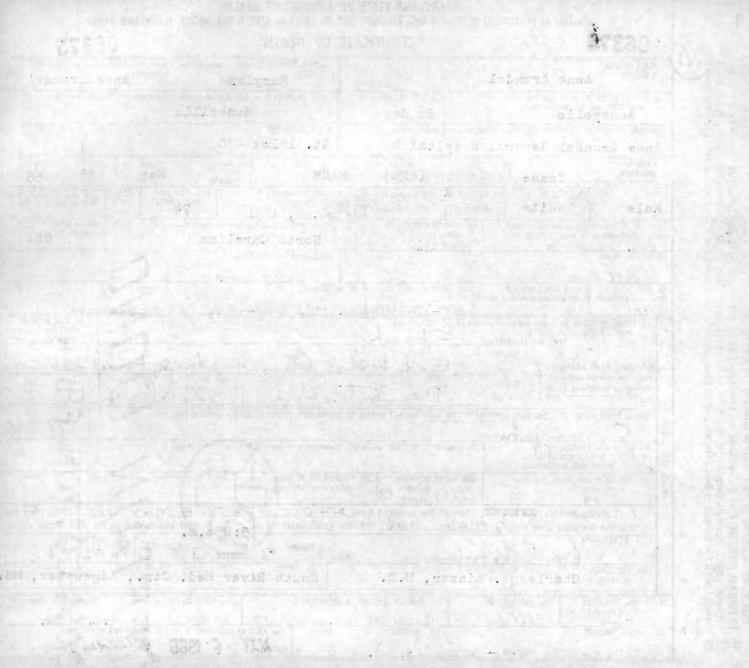
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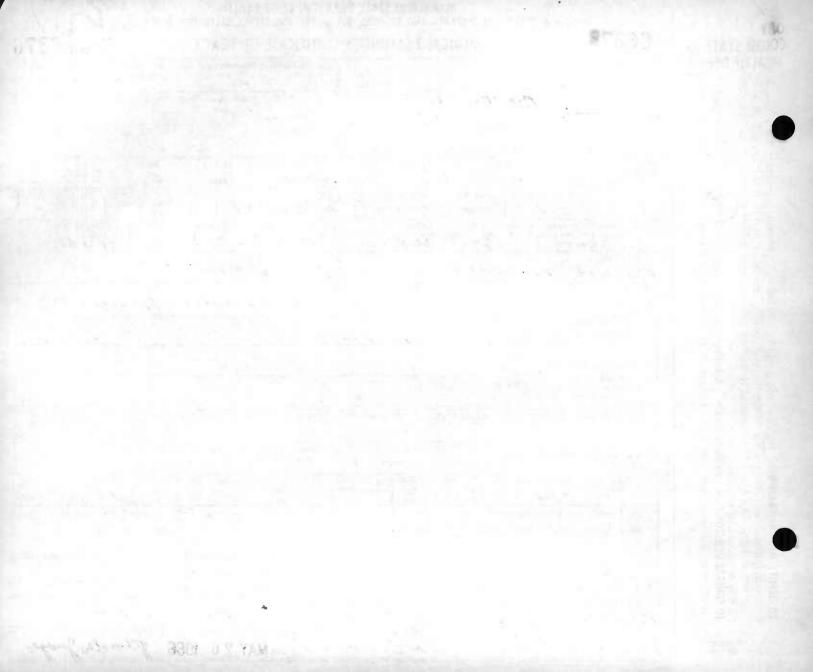
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HEALTH DEPT	1. PLACE OF DEATH o. COUNTY	7 ·Co ·		MARYLAND	2. USUAL RESIDENCE a. STATE MAD	(Where deceosed lived,	I COLLETTY	ce befare admission)
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2 0 0		AL OR INSTITUTION (If no			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
death	3. NAME OF DECEASED (Type or print)	Same	rst S-	Middle	711-16	4. DATE OF DEATH	Manth	Day Year 23 19 £ C
5 - 8 - 5 ±	S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 7-6-64	9. AGE (In last bir	thday) Manths yrs. / 6	Days Haurs Min
in them 18 less 18 less 1 and 2 v any event	during mast af warking		10b. KIND OF INDUSTR	BUSINESS OR Y	11. BIRTHPLACE (State	my		IZEN OF WHAT
within pencil xamin ile paq ind in	13. FATHER'S NAME		MACICO	-	14. MOTHER'S MAIDEN	414	SHALL	
be executed "pending" in ief Medical E		R IN U.S. ARMED FORCES? (If yes give war ar dates o		SECURITY NO. 17.	INFORMANT	YARSHAE!	Address Pasab	ena mi)
the should the ward of the the Ch a burial-tra		e cause (a),	(a) Bever 10	o), and (c).)	Lpe L			INTERVAL BETWEEN ONSET AND DEATH
s certificate e, writing th farwarded to used as a b used as a b	Ó	GNIFICANT CONDITIONS C		TH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
AMINER: This the certificate, the certificate, 4 shauld be four files. ge 3 should be to agent, prior to	20a. EXTERNAL CA PRIMARY Tor CO CAUSE OF DEATH.		flace	e fire ,	(Enter nature of injury in	Port   or Part    of iter	n 18.)	
7 C-V+	Hour a.r	1. 5/28 19	6€ While at wark □	Not While of work	ACE OF INJURY (Hame, far tory, street, office bldg., etc	.)	AA	unty) (State)  ACO MO
MESTAL please exec director. P retained far DIRECTOR.		that I took charge ed Rape: Nature hunder			CHIEF MEDICA	Undeterm		
o DEPUTY necessary, pure funeral 5 may be r 0 FUNERAL Health ar it	EXAMINER'S NAME (Type)	E.L.NI	hact.		Address (Stree	AL EXAMINER of county		33/66.
TO D nece the 5 m TO FU	23a. BURIAL, CREMATIC	0/20	66 230	NAME OF CEMETERY OR	•	mage	TNY MI	(Caunty) (State)
VR A15ME (5) 6M 1/66	24. FUNERAL DIRECTO	- // -	m 638 n	V GILMO	2 Sol MAY	2 6 1966	25b. REGISTRAR'S SI	GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 06378 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral ove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Anne Arundel a. COUNTY Anne Arundel Maryland ve carban papers. Pages 1 event, within 72 haurs after MARYI AND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) davs Gambrills d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. 1 Box 420 Anne Arundel General Hospital YES NO NAME OF First Middle 4. DATE Last Manth Year Day DECEASED May (NMN) MANN Isaac 1966 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Davs White Male WIDOWED DIVORCED Feb. 2, 1891 attending physician and sermit. Then please repr 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) INDUSTRY COUNTRY? USA North Carolina ret lumberman sawmill 14. MOTHER'S MAIDEN NAME crematian, or remaval, Jeff Mann Mandy Reese IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT permit. 406-12-9360 Mrs. Juli Mann-wife, same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH hoc IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been be detached far use as the State Dept, af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After at wark 21. I certify that (1) (MIX MORPH) attended the deceased fram 2 - Oct , 19 65, to 4 MAY, 1966, that (1) (Well last M, from causes and an the date stated abave. director, page 3 shauld shauld be filed with the 19 66, and that death accurred at \_ saw the deceased alive an 4 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS South River Med. Ctr., Edgewater, Md. 22c. PHYSICIAN'S Kinzer, M.D. NAME (Type) 23a. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF (State) REMOVAL (Specify) 5/7/66 Hillcrest Mem. Cemetery Annapolis 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 DATENA Hopping Funeral Home - Annapolis, Md.



. 1				TE DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR S	4578		A C T T T	ER'S CERTIFICATE OF DEATH	06376
ay is 3 to HEALTH	DEPT.		PLACE OF DEATH  a. COUNTY A A CO A MARYLA	2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	idence before odmission)
ny delay P. and 3 P.M.3. Pa	ate Deportment of hours after death.	V	b. CITY OR TOWN (If autside carported this) Burnice LENGTH OF STAY IN write RURAL and give nearest town	VACOBS rille -	give nearest tawn)
h. If at ges 1, 2 form	hours a	0	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
fter deoth. If Give Poges 1, ong with form	the Str hin 72			Last 4. DATE Manth OF DEATH 5	Day Year 23 19 66
hours ofter Item 18. Giv Office along		18	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED 100. KIND OF BUSINESS OR	9-2-1951   last birthday) Month	DER 1 YEAR   IF UNDER 24 HRS.  IS Days   Hours   Min.
24 n s	pages lone in any eve	dur	In State October And Notice and of Work dolle Policy State Of Boshess OK INDUSTRY SC NEUL FATHER'S NAME	. A. A. C. M. J.	COUNTRY?
within in pencil i	File	15.	MACKIE MANSHALL WAS DECEASED EVER IN ILS ARMED FORCES? LIA SOCIAL SECURITY NO	LUBELLEMORMON  17. INFORMANT  Address	
e executed pending" in ef Medical E	it permit. removol,	(Ye	(If yes give war ar dates af service)   (If yes give war ar dates af service)     18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		DENA M)
vard "per ward "per the Chief I	ansit or re		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO		ONSET AND DEATH
sh o	d Cre		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)		
is certificate e, writing th forwarded t	be used os to burial,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
INER: This e certificote, should be fo	ould	IL CERTIFICATION	PRIMARY For CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Port II of item 18.)	
	- m =	MEDICAL	Hor a.m. 5/12 1966 at wark Not While at work	foctory, street, affice bldg., etc.)	(County) (State)
e executor. Poly	FUNERAL DIRECTOR: Poge solth or its designated oge		21. I certify that I took charge of the remains described about death resulted fram. Natural causes , Accident ,	Suicide , Hamicide , Undetermined manner	and in my opinia
EPUTY MEDICA Issary, please ex funeral director.	AL DIR		ACTUAL SIGNATURE SERVICES	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY necessary, property the funeral	TO FUNERAL Health or	230	EXAMINER'S NAME (Type)  LINERY IC ST.  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	Address (Street, city, town, or county)  RY OR CREMATORY 23d. LOCATION (City or Town)	5/13/4 C. (County) (State)
-	15ME (5)	24	EFUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	
6	M 1/66	1	mangan Pithyo 635 NG, L	mor ST DATE MAY 26 1966 //Clie	erla Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06380 CERTIFICATE OF DEATH the funeral ages 1 and 2 its after death, requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY FIRUNDEL b. COUNTY filled in by the fun papers. Pages 1 thin 72 haurs after d c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURSD and give nearest tawn - ROWNSVILLE BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME\_OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS 3922 KENYON YES | NO tely f 3. NAME OF Middle 4. DATE × Doy Year DECEASED M. (Type or print) SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNOER 24 HRS AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys White? WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 A during most of working life, even if retired) **INDUSTRY** Baltimore, Md, at home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Velenovsky 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service ar James Martin, son, above crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN -transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES | NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram 5/11 and that death accurred at 645. M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S DIATE HOS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Holy Redeemer Cem. Baltimore, Md. 5/21/66 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home, Inc. VR A15 (4) 20 M 1/66 Melanles Brehms Lane

SHIRKER AND CREWISHINE EMETT MOVEE Carryonier Frage Harring 3921 Kenned He Dura 1425 Marine 18/8/ CONGRETUE HEART FAILURE ARTHURSELEBITIO CALBORAGERAL HISTOSE 2/11/12 8/12/29 Charrone Some Heading BHILL WELL BLOW - 17 - Colorest 1 328 18 MIL

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
VI)		06381 CERTIFICATE OF DEATH  06378
		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, Uninstitution: Residence before admission)  a. STATE  b. COUNTY  MARYLAND
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
50		d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES \ NO IN
23	3.	NAME OF DECEASED (Type or print)  A DATE Month Day Year OF DEATH  1966
	5.	SEX MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours
P	10a do	USUAL DOCUPATION (Give kind of work during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  12. CITIZEN OF WHAT COUNTRY 12. COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country)
	13.	FATHER'S NAME Hawser Me Lans 14. MOTHER'S MAIDEN NAME Dance Richall
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yas give war or dates of sarvice)  (If yas give war or dates of sarvice)
		18, CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL BRONCHOPNEUMONIA  THE PART I. DEATH WAS CAUSED BY: TO AYS
		4200 DUE TO
		gava rise to immediate causa (a), stating the underlying DUE TO
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (State) factory, street, office bldg., etc.)
	2	21. I certify that (I) (Nic hospital) attended the deceased from 1962 19 to 19
		saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above  22a. SIGNATURE  ATTENDING MED. STAFF  22b. DATE SIGNET
/		Usthern Lankford y. M.D. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR
0	23	BURIAL CREMATION 123b. DATE THEREOF . 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City Town or county) (State)
Sp	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
3	1	stuit & Jeneraly square 1.1 mg DAMI I 1300 for the Sunge

a. 87590 fort 1 1 100 / out 1 1 1/1/1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06382 CERTIFICATE OF DEATH physician and campletely filled in by the funeral on please remave carban papers. Pages 1 and 2 avail and in any event, within 72 haurs after death. law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore City o. Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write, RURAL, and give negrest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 6mos. davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 4519 Spring Ave. YES | NO X 3. NAME OF Middle 4. DATE Last Manth Doy Year DECEASED #28338 Charles McKnight 5 25 19 66 S. SEX IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Negro Male Aug. 17, 1949 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? A. INDUSTRY South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aval Unknown Eva May Brooks the attending parties that or repr 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Hyperventilation Syndrome Associated with INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Emotional Disturbance Minutes DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Mental Deficiency stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the Lifetime PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, affice bldg., etc.) Nat While attended the deceased fram d fram 11/4 , 1964 to 5/25 , 1966 that (I) (we) last and that death occurred of: 1574, from couses and on the date stated above. 21. I certify that (I) (this haspital) saw the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. × 5/25/66 M.D. director, page shauld be filed 22d. ADDRESS Crownsville State Hospital, Maryland 22c. PHYSICIAN'S Benedict. M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) SWA 24. FUNERAL DIRECTOR BY REGISTRAR 2Sb. GEGISTRAR'S SIGNATURE 2Sa. Viliane 40460U

MARYLAND STATE DEPARTMENT OF HEALTH

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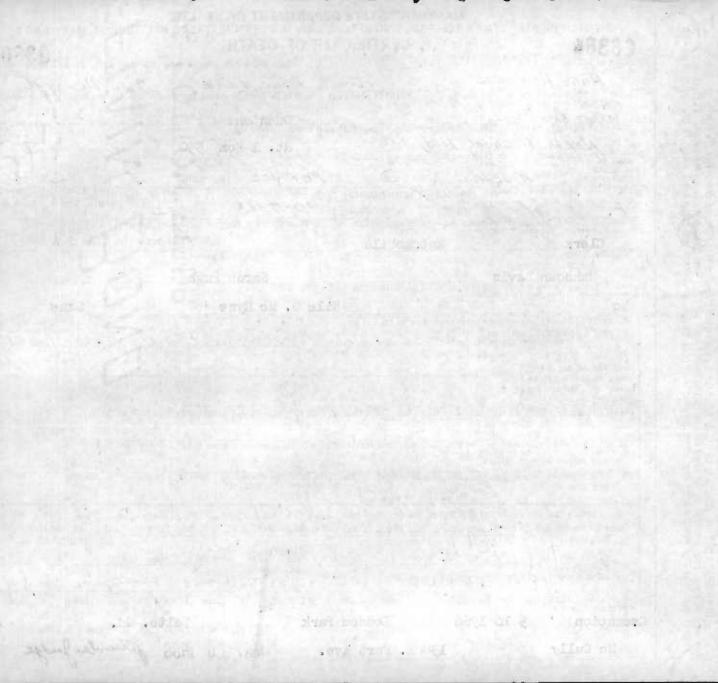
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06383 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY A.A.Co 0 P.M.3. Poge of death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? 18. Give Poges 1, a along with form haurs D.O.A. - NORSH ARUNDEL. HOSP 24 hours ofter deoth. 3. NAME OF Year 5 within 72 DECEASED OF DEATH 196 with DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours MARZ3 WIDOWED 2/3/ 3/4 Yrs. event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? In any pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and 16. SOCIAL SECURITY NO. 17. INFORMANT or unknown) (If yes give wor or dotes of service cremation, or removal, DHJERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). ISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise lo immediote couse (o), DUE TO certificate stoting the underlying couse 00 buriol, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? its designoted agent, prior to 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry 💢 Inspection and in my opinion death resulted from Noturol couses Suicide | Undetermined monner funeral directar. Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) the BURIAL REMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION Kety or Town 23b 0 REMOY M (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI **ADDRESS** VR A15ME (5)

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2	1	M	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TIL	£ 3	222	/ _	06384 CERTIFICATE OF DEATH
•	24 hours after	stely filled in by the funeral con papers. Pages 1 and within 72 hours after dearn	1.	PLACE OF DEATH a. CDUNTY Anne Aeundel.  MARYLANO  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)  C. LENGTH DF STAY IN 1D  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
	thin	rbon promite with	3.	NAME OF First Middle Last 4. DATE Month Day Year
	iw i	completely ove carbon   event, with		(Type or print) Maetha D. Memyne Death 3 /2 1966.
	executed within	nd cor move any eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Iast birthday) Months   Days   Hours   Min.
	exe	Carried Street	10	WIDOWED DIVORCED J J J J yrs.
	pe		du	ring most of working life, even if retired) INDUSTRY COUNTRY?
	cate	var.	13	Clerk Automobile Finna. USA D. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	#	Then remova		Unknown Davis Sarah Pugh
	eo u		1! (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address es, no, or unkown) (If yes give war or dates of service)
	deat	the atten t permit. ation, or		No Nile G. Mc Myne Same
	attending physician.	certificate has been signed by the after hed for use as the burial-transit permit. t. of Health prior to burial, cremation, or		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)
	The law or atten	has h pr	NOI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
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	PHYSICIAN: The the hospital or	this certificate for use e Dept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	YSIC Pho:	After this celd be detached State Dept. o		20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	NG PHY by the	ate L	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
	ed b	Aft Id b	Σ	21. I certify that (I) (this hospital) attended the deceased from how 1, 1966, that (I) (we) last
	ATTENDING retained by	ECTOR: 1 3 should with the		saw the deceased alive on Man 12 1966, and that death occurred at 5 PM, from the dauses and on the date stated above
-	OR A	d wi		22a. SIGNATURE  ATTENDING MED. STAFF DIRECTOR PHYS.
	Page 4 may	TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Dep		22c. PHYSICIAN'S P. TOLENTINO 22d. ADDRESS NAME (Type) F. TOLENTINO 201 Baltimor - aunquis Blod
	Page 4	rectc	23	I be the second of the second
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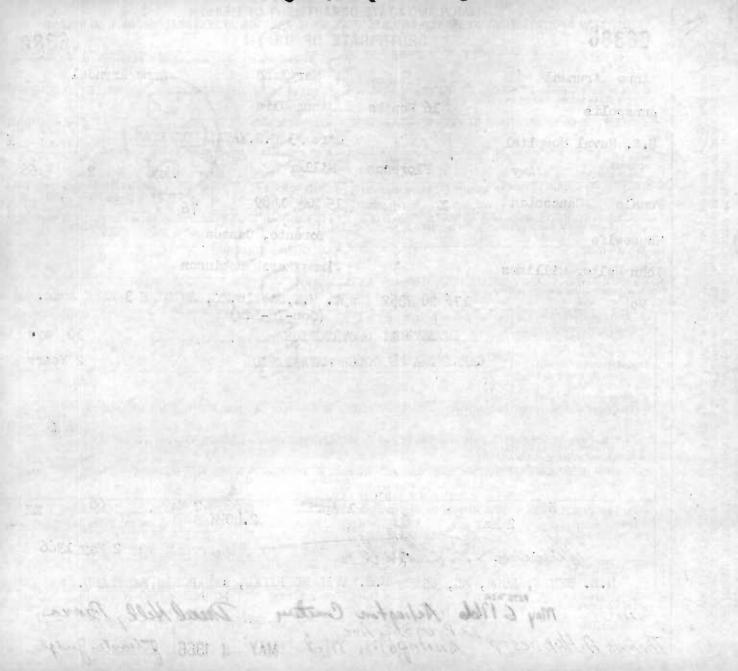
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o., COUNTY o. STATE 2, and 3 to PM3. Poge b. COUNTY of AA CO deoth. MARYLAND delay b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) SeveRNA-PARKI BURNIE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? hours Item 18. Give Pages 1, Office along with form 433 - Ben Oaks - DRIVE -NORTH- ARUNDEL - HOSP ote YES T NO V 24 hours after death. 3. NAME OF 4. DATE Middle Last Dov Year within 72 DECEASED ME QUOID 19 66 (Type or print) DONALL DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 7-21-190 4 pages | and 2 v WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY\_ COUNTRY? Minneap. Chief Medicol Exominer's Asst. Safety Engineer 13. FATHER'S NAME certificate should be executed within Tosephine Trobridge File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address #7Luna (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, 405-24-0530 Mrs. Don M. Reynolds (daughter IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Much up la enferrece burial, cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (o), forworded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Part I or Bart II of item 1B.) should 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year (City or town) (Stote) foctory, street, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autapsy for Inspection -Inquiry 1 and in my opinion death resulted from: funeral director. Natural causes Accident Suicide Hamicide | Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 50 REMOVAL (Sperify) Hallows ADDRESS THE MEYA 24. FUNERAL DIRECTOR VR ATSME IS Burnier Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

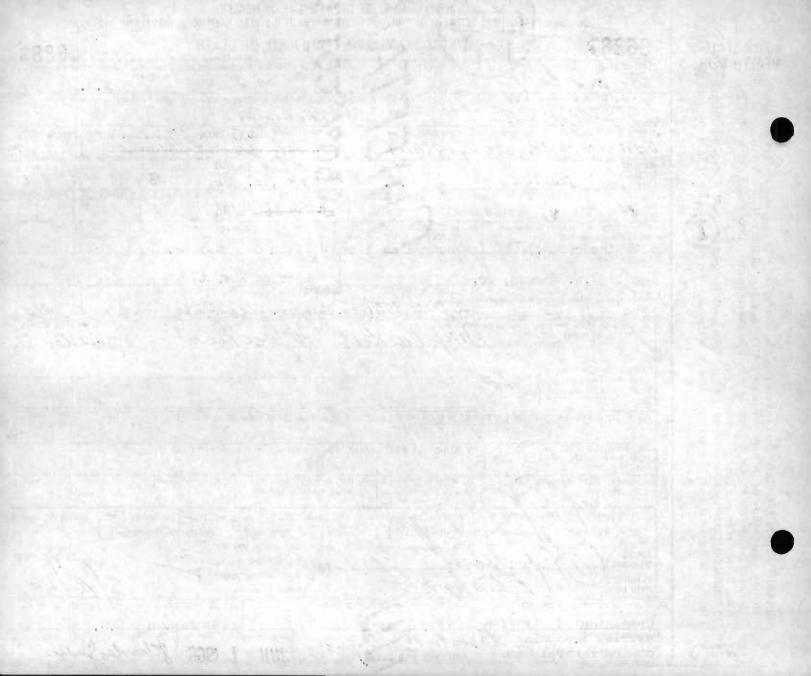
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Arme Arundel by the f Pages 1 urs after Arundel Anne MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 16 Months Annapolis filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? #3 U.S.NAVAL HOSPITAL within U.S. Naval Hospital NO X completely NAME DE First Middle Month Day Year DECEASED Miller 1966 Florence Amy 2 (Type or print) DEATH May 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED emove last birthday) Months Days Hours May 1889 Female Caucasian WIDOWED X DIVORCED 76 E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please please I, and ir US COUNTRY? Toronto, Canada Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Emma Sarah Robinson John Walter Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? led by the attend I-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Capt. M.K. Steele MC. USN QTRS 3 USNH Anna. Md No Son-In-Law CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 30 Days PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. INTESTINAL OBSTRUCTION been signed b the burial-tran or to burial, cra IMMEDIATE CAUSE (a) DUE TO Years CARCINOMA OF COLON METASTATIC Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) etached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While be retained by OR ATTENDING at work at work to 2 May 1966 19 66 3 should with the 21. I certify that (A (this hospital) attended the deceased from 1 April and that death occurred a 2.40 m from the causes and on the date stated above. 1966 saw the deceased alive on 2 May 22a. SIGNATURE 22b. DATE SIGNED May 1966 page PHYS. DIRECTOR Page 4 may 1 M.D director, pa PHYSIC MYS 22c. 22d. ADDRESS NAME (Type) LCDR. .NAVAL HOSPITAL. ANNAPOLIS MARYLAND BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF (State) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR VR A.15 (4) 20M 1/65



+6 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	06387 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH  o. COUNTY  D. A. C.  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  b. COUNTY  A. A.
Pages 1, 2, and 3 to with form PM3. Page e State Department of 72 hours ofter death.	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
- 4 0 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS, Rt 5 Box 293 A, St. Margaret Risidence  O. O. 11 - Hone - free wife L - general Line - yes No Risidence -
hours after deoth. If a litem 18. Give Pages 1, Office olong with form rank? with the State De within 72 hours	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF OF DECEASED (Type or print) Davie L. I.W. Margary Jr. DEATH \$ 28 1966.
rs after d 18. Give e olong v 2 with the	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED
24 hours in Item 1 r's Office	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Engineer(Sup.)  Electronics  Clifton Heights, Pa.  USA
d within 24 in pencil in Examiner's Examiner's File pages and in are	13. FATHER'S NAME Daniel T.W. Morgan, Sr.  Beatrice Hewitt
executed nding" in Medical Experient	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  218-12-9539 irs. Gilma B. Morgan—wife same as #2 above
be d'ipe	18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  MYO Cuedul Reference County one couse per lipe for (o), (b), ond (c).)  ONSET AND DEATH  ONSET AND DEATH
ertificate should be e writing the word "per rwarded to the Chief I sed os o burial-transit vurial, crematian, or re	Conditions, if ony, which gove is to immediate couse (o), DUE TO
certificat , writing i orwarded used os o burial, cr	lost. (c)
IER: This ce certificate, v tauld be forn les.	PERFORMED?  YES NO 1200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lor Port II of item 18.)
AMINER: T the certifice 9 4 shauld b bur files. ge 3 should agent, priar	20c. TIME OF INJURY Month Dov, Year) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
L EXAM ecute the Page 4 ar your R:Page	Hour o.m. p.m.  While of work of work of work lot work lo
MEDICAL EXAMINER: olease execute the cerrification. Page 4 shaulch etained far your files.  DIRECTOR: Page 3 shouls designated agent, pri	death resulted fram: Natural causes   , Adrident   , Suicide   , Homicide   , Undetermined monner   CHIEF MEDICAL EXAMINER
<u> </u>	SIGNATURE  EXAMINER'S  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER
TO DEPUTY necessary, the funeral 5 moy be TO FUNERAL Heolth or i	NAME (Type)  Address (Street, city, town, or county)  Address (Street, city, town, or county)  Address (Street, city, town, or county)  23a. BURIAL CREMATION, REMOVAL (Specify)  23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  (County)  (Stote)
VR A15ME (5)	Cremation 5/31/66 Ft. Lincoln Washington D.C.  2BetWEAT PREGORD. Hopping Appress 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hopping Funeral Home Annabolis Not MIN 1 1966 Clearles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH

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COUNTY			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ASTRETADORES  9. NAME OF PROSTITUTION (II not in hospital/gave street eddrest)  9. SERVE & STANDERS DESTRICT OR INSTITUTION (II not in hospital/gave street eddrest)  9. SERVE & STANDERS DESTRICT OR SERVER DESTRICT OR SERVE			e. COUNTY b. COUNTY
A MANGE OF HISTITUTION (if no in hospital/give streat edicas)  J. STRETT ADDRESS  WILLIAM OF BROWN STREAM OF BROWN STREAM OF STREET ADDRESS  J. ST		1	write RURAL end give hearest town)
3. NAME OF DEATH STORY MORE DRY STORY THE LOUIS STATE OF DEATH SIGNIFICANT CONDITIONS (e)  10a. USUAL OCCUPATION (size kind of work double) DIVORCED DIVORCE	90	4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitelygive street eddress)  d. STREET ADDRESS  e. IS RESIDENT ON A FARA
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)   10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (Country & State, or foreign country)   12. CITIZEN OF WHA		97	NAME OF First Middle Lest 4. DATE Month Dey Yeer DECEASED OF
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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOPIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for [e]. [b]. end (c).]  18. CAUSE OF DEATH [Enter only one cause per line for [e]. [b]. end (c).]  PART IL DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e).  19. DUE TO  Conditions, if eny, which gover rise to immediate cause (e).  19. Justing the underlying cause last.  20. Justing the underlying cause last.  20. ACCIDENT WAS UNDERLYING (c) DOE DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Part and Part of International Country).  20. CONTRIBUTING CAUSE OF DEATH HOW TO COUNTY. Street, office of injury in Part of Injury in Pa	1)	10a do	one during most of working life, even if retired)
18. CAUSE OF DEATH (Enier only one cause per line for (e), (b), end (c).  PART I. DEATH WAS CAUSED BY.  LIMITED AND DEATH  DUE TO  Conditions, if eny, which geve rise to immediate cause (b)  DUE TO  Conditions, if eny, which geve rise to immediate cause (c), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME  TO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING MORILA EXAMINER)  TO COUNTY MEDICAL EXAMINER  TO SHOW THE WORLD SHOW THE CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTO PERFORME  THOU re.m.  p.m.  19  20c. TIME OF INJURY MORILA EXAMINER  While Not While St work of the work of the story of the part of injury in Peh J on Perf II of item 18.)  OR CONTRIBUTING THE LATE OF INJURY (Home, Jarm., 201. (City or lown) (County) (Stell While Not While Not While St work of the work of t		13.	PATRICK BIGNEY CATHERINE KINSELLA
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DUE TO  Conditions, if eny, which geve rise to immediate cause  (e), stating the underlying  (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO PERFORM  PERFO			PART I. DEATH WAS CAUSED BY:
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPERFORME    20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peh 1 or Pen III of item IB.)   20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peh 1 or Pen III of item IB.)   20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peh 1 or Pen III of item IB.)   20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peh 1 or Pen III of item IB.)   20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peh 1 or Pen III of item IB.)   20e. ACCIDENT WAS UNDERLYING   20b. Item IB.)   20e. ACCIDENT WAS UNDERLY			geve rise to immediate ceuse (e), stating the underlying  DUE TO
20c. TIME OF INJURY Hour e.m. p.m.  19  20d. INJURY OCCURRED While Not While et work e		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF
21. I certify that (I) (this hospital) attended the deceased from June 1906, to May 21. 19.60, that (I) (we saw the deceased alive on Men. 19.00. and that death occurred at 1. M., from the causes and on the date stated about 22e. SIGNATURE  22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, nown or county)  (Stele)  23d. LOCATION (City, nown or county)  (Stele)  24 FUNDRAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE	0	CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH
21. I certify that (I) (this hospital) attended the deceased from June 1906, to May 21. 1906, that (I) (we saw the deceased alive on Men. 19.06., and that death occurred at M. M., from the causes and on the date stated about 22e. SIGNATURE  22e. SIGNATURE  22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, nown or county)  23d. LOCATION (City, nown or county)  (Stele)  24 FUNDRAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE		MEDICAL	Hour e.m. While Not While fectory, street, olfice bldg., etc.)
22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, flown or county)  REMOVAL ISDRESTING  24 FUNKAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 23b. REGISTRAR'S SIGNATURE			21. I certify that (I) (this hospital) attended the deceased from June 1, 1966, to May 22, 1966, that (I) (we)
22c. PHYSICIAN'S NAME (Type)  CLIMAN CHOILEL  22d. ADDRESS  DEVIAL, CREMATION, 23b. DATE THEREOF  REMOVAL ISDECTION  CSTORING			22e. SIGNATURE ATTENDING MED. STAFF 12 1/2 3 /6/2 SIG
14) 24 FUNTRAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE			22c. PHYSICIAN'S
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d in by the funeral rs. Pages 1 and 2 thours after death	06391 CERTIFICATE OF DEATH	77
I in by the funeral s. Pages 1 and 2 hours after death.	1. PLACE OF DEATH a. COUNTY  A. COUNTY  MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence beautiful as STATE b. COUNTY  Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give	
aper n 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENCE ON A FARM? S NO
yany event, within	3. NAME OF First MIddle Last 4. DATE Month Day DECEASED (Type or print) EDWINRNUTTER DEATH MAY 20	Year 1966
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF	UNOER 24 HRS Hours   Min.
	Printer B and O RR DELAWARE	WILK!
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. No None 16. SOCIAL SECURITY NO. No	
prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions of the conditions of the conditions of the cause (b)  Conditions of the conditions of the cause (c)  Conditions of the cause (a)  Conditions of the cause (b)  Conditions of the cause (c)  Conditions of the c	WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. V   YES   2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   3. V   4. V   4. V   4. V   5. V   5. V   5. V   6. V	PERFORMED?
סומוב הכל	ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County)   2Dd. INJURY OCCURRED   2Dd. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   2Dd. INJURY (Home, farm, factory, street, office bldg., etc.)   2Dd. INJURY (Home, farm, factory	(State)
)	21. I certify that (I) (this hospital) attended the deceased from 5/20, 1966, that saw the deceased alive on 1966, and that death occurred at 2. M, from the causes and on the date 22a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGN DIRECTOR PHYS. 22b. DATE SIGN DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type)	stated above
Se Se	23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial 5/24/1966  St. James Methodist Carroll County, Md.  24. FUNERAL DIRECTOR  Why Juhne Lane  Burial 23c. NAME OF CEMETERY OR CREMATORY  St. James Methodist Carroll County, Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL  Why Juhne Lane  Burial 7 and 10c.  DATE MAY 2 3 1966  Charles 4	(State)  TURE

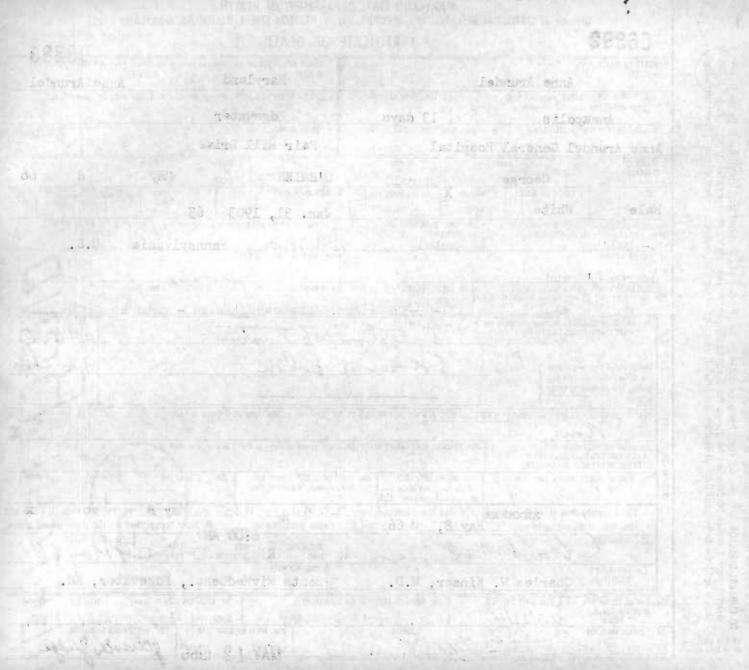
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06392 CERTIFICATE OF DEATH 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH the attending physicion and completely filled in by the funera sit permit. Then please remove corbon papers. Pages 1 perd o. COUNTY b. COUNTY o. STATE Marvland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Edgewater Annapolis 13 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 13 days e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hin 72 Fair Hill Drive Anne Arundel General Hospital YES NO X within \* 3. NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED 66 8 OBRIEN May George 19 (Type or print) Harold DEATH requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours Male White and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** ret- bellhop U.S Bethlehem Pennsylvania hote] 14. MOTHER'S MAIDEN NAME ion, or remavol, George OSBrien Connell 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Elizabeth O'Brien - same as #2 above INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and cremat burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ Page 4 may be retained by the hospital or attending physician. DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to hos been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health NO X O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) Hour o.m. Not While 19 at work ot work 21. I certify that (1) (this basistal) attended the deceased fram 20 Aug . 19 66 that (1) (w) last 3 should 19 66, and that deoth occurred at M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S South RivMedCent. Edgewater, Md. NAME (Type) Charles W. Kinzer. M.D. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) St. Mary's Cemeter v Annacolis ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4)

HOPPING FUNERAL HOME -

Anne



DIVISION OF STATISTICAL RESEARCH AND RECORD 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence Before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate types, with KURAL and give nearest town) write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 10 00 completely 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH nau 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Margan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH |Enter only one coust per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION as 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) Not While While Hour e.m. of work el work 21. I certify that (I) (this hospital) attended the deceased from May 1 6 OL 19.6. and that death occured at 4.6.M, from the causes and on the date stated above. saw the deceased alive on ITELY 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. 200 PHYS. FUNERAL M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 高 0 Duna 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

1966

IF UNDER 24 HRS.

Year

Hours

INTÉRVAL BETWEEN ONSET AND DEATH

Wille

PERFORMED?

NO

(State)

22b. DATE

(Stete)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Deys

(County)

1864	06394 CERTIFICAL	s, 301 W. PRESTON STREET, BALTIMO  TE OF DEATH	RE 1, MARYLAND
	I tem 7 Film G377	5/31/66 mh	<u> </u>
	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It	
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1	- Jordan Gillian	HAMP ULLUNAR ite RURAL and give nearest town)
1	Hen Germen (1) Ud 22 days	Company	02-1
1	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS	•. IS RESID
	Haga Klawor Nucsing Blome	47 CAlvert Sta	eet YES NO
	3. NAME OF DECEASED First Middle	Last 4. DATE Mon	th Day Year
-	(Typa or print) JAMES 3 EIMON -	Quens DEATH 5	18 196
ı	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In year last birthdey)	IF UNDER 1 YEAR   IF UNDER 24
-	Male Negle WIDOWED DIVORCED TO	4-17-1890 76 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	1.12 + 2. 111	12. CITIZEN OF WHAT COL
14	33. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	16-5-
	Fland Dunner	F1 + ( + 1/ )	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	7. INFORMANT Addres	85
1	(Yes, no or ankown (Ifyesgiva war or dates of service)	Paule Jen !	le Bennich
-	18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c).]	Coronary occlusion	INTERVAL BETW
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quellal A	emanhane	ONSET AND DE
1	4201 DUE TO		
1	Conditions, if any, which \ (b) C.d. (Car	dio-vascular disease)	Kenkn
	gave rise to immadiate causa (a), stating the undarlying  DUE TO		
	cause last. (c)_		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION G	PERFOR
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Entar nature of injury in Part I or Part II of Itam 18.)	YES N
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	AREA. (Ellia habita of infaty in fail to Fail it of Sail to.)	
_		PLACE OF INJURY (Home, farm,   20f. (City or town)	(County) (S
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While at work at work 19 at work	factory, straet, office bldg., atc.)	
	21. I certify that (I) (this hospital) attended the deceased fro	om OPRIL271966 to 11/10	4.1819.6.5 that (1) (w
1	20 .00	-20	and on the date stated
	saw the deceased alive on Italian 19.00, and the		
	saw the deceased alive on 1220. 19.000, and the 22a. SUCHATURE	ATTENDING /MED CTAFE	22b.
	Kichard H. Hunt	M.D. ATTENDING MED. STAFF	22b.
	220. SIGNATURE  Kichard H. Africat  22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b.
1	220. SIGNATURE CICHARA H. Africat  22c. PHYSICIAN'S NAME (Type) Richard HANT	M.D. PHYS. DIRECTOR P	Glen Burnie,
	220. SIGNATURE  22c. PHYSICIAN'S  NAME (Type) P. Chard H. Hunt  23a. BURIAL, CREMATION, 23b. DATE THEREOF  PREMOVAL, (Specify)  A DATE THEREOF  23c. NAME OF CEMETER  PREMOVAL, (Specify)	M.D. PHYS. DIRECTOR P	Glen Burne,
	22a. SIGNATURE  **CLANDA H. Africat  22c. PHYSICIAN'S NAME (Type) R. Chard H. Hunt  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL, (Specify)  MAY 21-66  Brewet	M.D. PHYS. DIRECTOR P	Glen Burnie, own or county) (Ste LIS - Md
1	220. SIGNATURE  22c. PHYSICIAN'S  NAME (Type) P. Chard H. Hunt  23a. BURIAL, CREMATION, 23b. DATE THEREOF  PREMOVAL, (Specify)  A DATE THEREOF  23c. NAME OF CEMETER  PREMOVAL, (Specify)	M.D. PHYS. DIRECTOR P	Gless Burnie  Gless Burnie  Own or county)  Gibbs  EGISTRAR'S SIGNATURE

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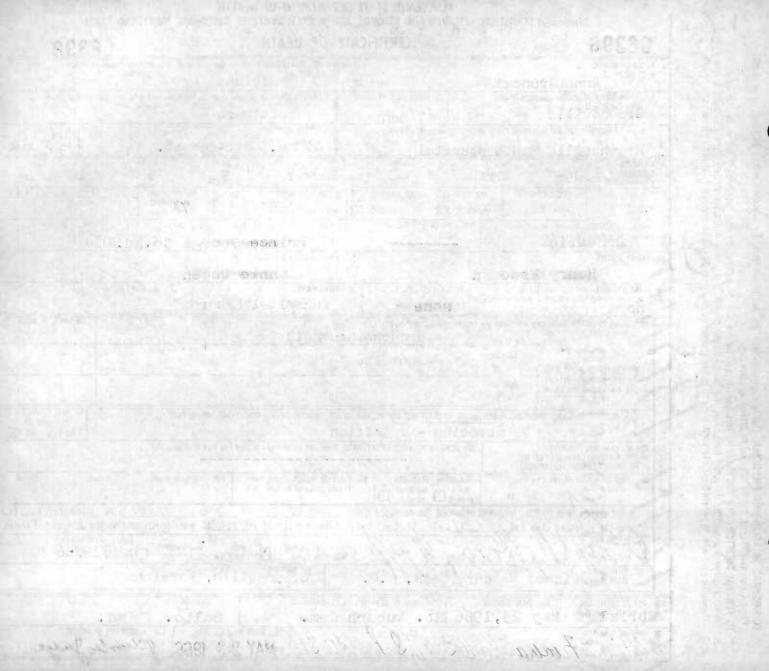
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FOR STATE	96	395	1.0	em Alb	ICAL EX	AMINER'S	CERTIFICA	TE OF DE	ATH		0639	) 1
HEALTH DEPT.		OF DEATH	A. Co .			MARYLAND		ENCE (Where de	ceosed lived, if ins b. (	titution: Residen	te before odr	mission)
f only delay is 1, 2, and 3 to m PM3. Page Department of rs after death.	b. CITY	OR TOWN (I	outside corporote limit giv neorest town) Pata]	s, osco P		OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits write	RURAL ond give	neorest tov	vn)
orm e Dep	d. NAM	E OF HOSPITA	L OR INSTITUTION (If n	ot in hospitol,	give street odd	lress)	d. STREET ADDR	Shew	Josk	orE	e. IS ON YES	RESIDENCE N A FARM? NO
within 24 haurs after death. If to pencil in Item 18. Give Pages 1, caminer's Office along with farm te pages 1 and 2. After 5 tate De nd in any event writing 72 hours	3. NAME DECEAS (Type o	ED	1/	fore	M	iddle	2/men	4. DAT	5	Month	Doy	Year 19 66
rs after 18. Give a along	S. SEX	M	6. COLOR OR RACE	7. MARRIED WIDOWED	1241	MARRIED   DIVORCED	8. DATE OF BIRTH	85	9. AGE (In year lost birthdoy	) Months		UNDER 24 HRS. ours Min.
1 24 haurs I in Item I er's Office	10o. USUAL during mos	OCCUPATION of working I	(Give kind of work done ite, even if retired)		IND OF BUSINE NDUSTRY	SS OR	11. BIRTHPLACE	(Stote or foreig	n country)	12. CI1 CO	IZEN OF WH UNTRY?	AT
I within 24 n pencil in Examiner's File pages and in any	13. FATHE	/	nour				14. MOTHER'S M	AVEN NAME	text43	Althon	bish	KRW
executed wanding" in produced to Medical Experience of permit. Filemand of the manding of the ma	(Yes, no, or	eceased ever unknown)	RINU.S. ARMED FORCES? (If yes give wor or dotes)	of service) 16.	SOCIAL SECURI	TY NO.	INFORMANT ene Pa	lmes	145-16	ddress	ala l	a se
should be e ne ward "per ta the Chief burial-transit matian, ar re	Condit	PART I. DEAT  450  ions, if ony, immediate	which gove couse (o),	(o) (les TO (b)	(o), (b), ond	(c).)	o fei	Legen	Q	10	ONSET	L BETWEEN
certificate , writing th arwarded t used as a burial, cre	lost.	the under	NIFICANT CONDITIONS C	(c)	TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION (	GIVEN IN PART 1(o	)	19. WAS	S AUTOPSY FORMED?
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S. Sould only price	PRIMA CAUSE	OF DEATH.	RY Month, Doy, Year		NJURY OCCURR		CE OF INJURY (Hom			,	unty)	(Stote)
execute the certification. Page 4 should donyour files. TOR: Page 3 should not be a should not		Hour o.m	. 10	While of wor	k Not Wh	ile D foo	tory, street, office blo	lg., etc.)				
se s	de ACTU	ath result		ol couses	Accide		ide, Han	nicide [], NEDICAL EXAMINE	Undetermined	nquiry <b>1</b> , manner		my opinion
TO DEPUTY ME necessary, plea the funeral dire. 5 may be retail TO FUNERAL DIF Health or its d	EXAM	INER'S (Type)	E.L.	ha	rdt		DEPUTY	MEDICAL EXAMII (Street, city, to	NER E	81	who	:6
TO D nece the 5 m TO FL	REMO	AL, CREMATIO VAL (Specify)	5/231	EREOF 164	mot	OF CEMETERY OR	eng	a	LOCATION (City of	o. m	(County)	(Stote)
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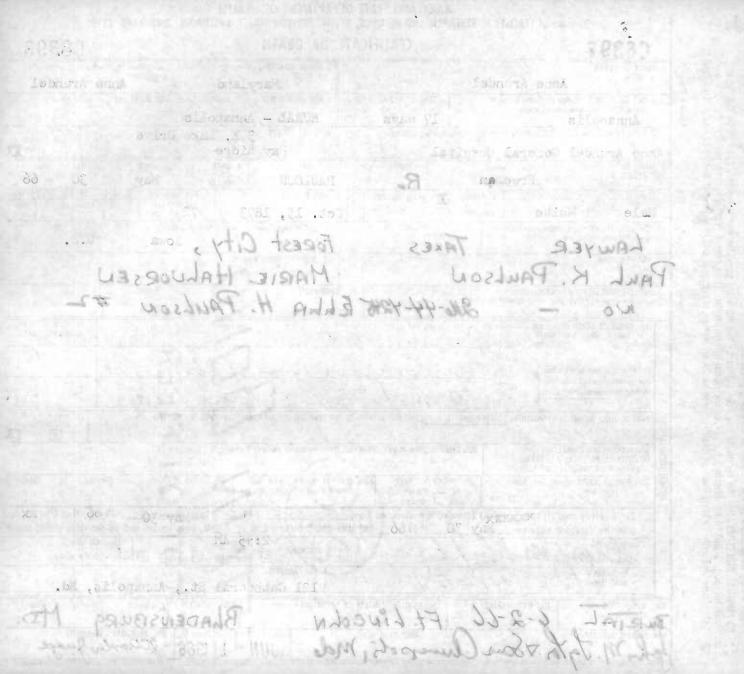
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06396 death, requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b COUNTY Maryland Anne Arundel MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore 7 months d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 770 W. Saratooa St. Crownsville State Hospital YES NO X 3. NAME OF DECEASED (Type or print) Middle 4. DATE Last Manth Year #30480 Sarah Parker 1066 DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthday) Haurs 6/12/1893 Female Negro WIDOWED XX DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life even if retired) INDUSTRY COUNTRY? the attending physician isit permit. Then please Prince George Co.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Queen Henry Freeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) I(If yes give wor or dotes of service) Hospital Records none no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) DUF TO Senility Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Dehydration - Inanition NO X TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Nat While While at wark at work Page 4 may be retained by 5/18/ . 19\_6 that (1) (we) last . 19 60, ta 21. I certify that (1) (this haspital) attended the deceased fram. 10/6/ the deceased aline on 5/18/ 19 66, and that death accurred at 10: 15M, from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING 5/18/66 M.D. DIRECTOR PHYS. 22d ADDRESS Crownsville, Maryland PHYSICIAN'S NAME (Type) McHenry 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) BREMOVAL Specify) Mt. Auburn Cem. Balto. Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06393 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by the funerol popers. Pages 1 and o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 17 days RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE E. Lake Drive ON A FARM? Bay Ridge YES NO TO Anne Arundel General Hospital arbon 3. NAME OF Middle First Lost 4. DATE Month Dov Year physician and completely DECEASED 19 66 PAULSON May 30 Freeman (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdov) Months Hours Dovs Male White Oct. 15. 1893 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done . BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) COUNTRYS **Iowa** 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN burial-tronsit -QNSEL AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), "DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO YES for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) 21. I certify that (I) (trackospitel) attended the deceased fram 5 /6 - , 19 C , to May 30 , 19 66, that (I) (act last course and an the date stated above. should 22b. DATE SIGNED 220,-SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S director, po should be f NAME (Type) 121 Cathedral St. Annapolis. Md. LOCATION (City or Town) (County) (Stote) ADENSBURG 2So. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 96398 CERTIFICATE OF DEATH funeral 2. USUAL-RESIDENCE (Where deceased lived, If Institutions Residence before edmission) PLACE OF DEATH e. COUNTY a. STATE b. COUNTY 古 7 七 MARYLAND OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CTLY OR TOWN (If outside corporate limits/verite RURAL and give nearest town) RURAL and give nearest town) TITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO NO rbon papers. within 72 hor NAME OF Middle Month Day DECEASED OF (Type or print) DEATH and co 5. SEX 8. DATE OF BIRTH NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED est birthday) Months Hours Min. WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? & State, or foreign country) mest of working life even if retired) done during FATHER'S NAME WAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yes, no, or unkown) | (Ifyas give wer or detes of service) 18. CAUSE OF DEATH |Enter only one causa per line for Aar, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying the causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. to. 10.19......, and that death occurred at 2.0.M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. rector, page a filed with the PHYS. M.D 22c. PHYSICIAN 22d. ADDRESS NAME (Type) (LOGATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ÆREMATORY る意思 (Specify) 725a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATU VR A15 (4) 15M 7/61

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FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16395 86399 executed within 24 hours after deoth funeral 1 ond deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Anne Arundel Anne Arundel Maryland event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Davidsonville 2 days Annapolis filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO Anne Arundel General Hospital and campletely fill reprove carbon p Middle NAME OF 4. DATE First Doy Year DECEASED POWELL 19 66 Marshall Mav none DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 61 yrs. Months Dovs Hours Dec. 26. 1904 and in ony WIDOWED DIVORCED Male Negro 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) pleose **INDUSTRY** North Carolina physicion The law requires that the death certificate Laborer Farm 13. FATHER'S NAM 14. MOTHER'S MANDEN NAME buriol, cremation, or removol, 16. SOCIAL SECURITY NO. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER, SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While . 1966 , to 1966, that (I) (We) lost 21. I certify that (I) (this hasnital) ottended the deceased from. May M. from causes and an the date stated above. and that death occurred of sow the deceased olive an 12:40 22b. DATE SIGN STGNATURE Do. MED. DIRECTOR STAFF PHYS. ATTENDING M.D. ADDRESS 22c. PHYSICIAN'S Southgate Ave., Annapolis, NAME (Type) Maurice Klawans, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION, FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06400 24 haurs after deoth by the funeral Poges 1 and USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTYb. COUNTY MARYLAND HRUNDEL MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 YEARS LTIMORE CZOWNSVILLE bon popers. within 72 ha e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS LAN SING 06 YES NO V requires that the deoth certificate be executed within corbon 3. NAME OF Middle DATE Day Year DECEASED KABENAU 14 1966 DEATH (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) Months Davs LOHITE KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark dane COUNTRY? 157 during most of warking life, even if retired) **INDUSTRY** ottending physician permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DOERING BENAU MARY 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor or dates of service) 5 Mr. Milton Price. Hydes. Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit PNEUMONIA ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO 48 4K5 Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause hos been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DENVDRATION MALNUTRITION NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year Hour a.m factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from\_\_\_ be retoined , and that death accurred at 710 PM, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR 22d. ADDRESS

director, should b VR A15 (4) 20 M 1/660 22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

Burial

REMOVAL (Specify)

NAME (Type)

tor,

LEONARD J. RUCK, INC., BALTO., MD. 21214

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

DEUNARINE

23b. DATE THEREOF

5/17/66

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City ar Town)

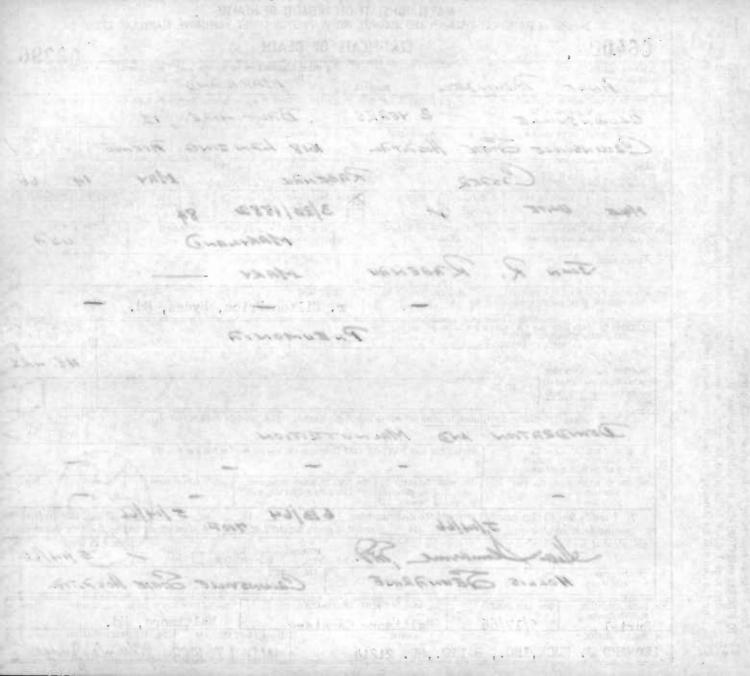
Baltimore. Md.

ROWNSVILLE

2Sb. REGISTRAR'S SIGNATURE Charles

(Caunty)

(State)



1	MA VISION OF STATISTICAL RES	RYLAND STATE DE	PARTMENT OF H	EALTH REET, BALTIMORE 1	, MARYLAND
M 064 1. PLACE O	กา	CERTIFICAT	E OF DEATH		06397/
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- 4	June Arundel	MARYLAND	a. STATE	b. count	eto Ciles
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A NAME	OF HOSPITAL OR INSTITUTION (if not in I	hospital, give street ederass)	d. STREET ADDRESS	me	15 RESIDENCE
2	12 mountain 7	PA.	1248	les eaut	YES NO
3. NAME O DECEAS	ED )	Middla	Lasi A. D.A.	0 -	Day Year
(Type or p	Janu	2 A. /-	DATE OF BIRTH	9. AGE (In years   IF UND	18 19 66 ER 1 YEAR   IF UNDER 24 HRS
Tour	ale relita WIDON	THE THE MARKED	11-17-03	last birthdey) Months	
10a. USUAL done during	1 11 1000	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stat	o, or foreign country)   12.	CITIZEN OF WHAT COUNTE
Ha	usingle	et home	Mainla	rol	-U.S.A.
13. FATHER'S	902 PD	2	14. MOTHER SMAIDEN TAME	~ >	
15. WAS DEC	CEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17. IN	FORMANT NICH	Address	
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	USE OF DEATH [Enter only one cause per RT t. DEATH WAS CAUSED BY:	er line for (a), (b), and (c).]	0 0.		ONSET AND DEATH
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	ng the underlying DUE TO				
causa las	II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBITING TO DEATH BUT NOT	DELATED TO THE TERMINAL DISC	ASE CONDITION GIVEN IN P	APT 1(a): 10 WAS ALITOPS
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	RIBUTING CAUSE OF DEATH				
0	our a.m.	d, INJURY OCCURRED 20a. PLAC factor vork at work	y, street, office bldg., atc.)	(City or town)	County) (State)
	ertify that (I) (this hospital) and		12/12 19.45	to 5/18	19.66 that (I) (**) !
		15 19.66, and that d	leath occurred at 15.15M,		
22a. SIG	SNATURE Q P. 2	week D.	ATTENDING MED.	STAFF	STAR SIGN
22c. PHY	SICIAN'S	M.D	PHYS. DIRECTOR	PHYS.	010/66
NA	ME (Type) JOHN I	URLOCK DI	( /22)	Wash.	USEU &
23a. BURIAL, REMOVAL	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	o se , al	LOCATION (City, town or co	unty) (Stata)
Bur		ADDRESS /	emetery &	EGISTRAR 25b. REGISTRAR	'S SIGNATURE
Jehn	J. Cowan +Son -	Inc. Tollins	ST MAY 19	1966 Jolian	les Judge
7 0		2370	d.		0 0

Comment of the state of 20 11/2 EN 20/20 11/20 1 Joseph P. December J. F. Commercial States of the States o 202 1 19 136 P 1 YAM

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	death.	funeral and 2 death:	1	1.	PLACE DF DEATH	T	tem #2	a,b,c & d	14	2. USUAL RESIDENCE	/60 pc	read lived. If inctitu	0000	hoforo admission
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	6	Sic.	13		House	vife	"	NUUSTRI		Phila	delphia	. Pa.	USA	
	Ticat	E P		13.	FATHER'S NAM	E			12-56	14. MOTHER'S MAID	EN NAME			
	ertii	Ther Ther			Georg	ge Briggs EVER INU.S. ARMED FD					ne Nibl	ock		
	h c	attending ermit. Ther in, or remov		15. (Ye	WAS DECEASED 1 s, no, or unkown)	EVER IN U.S. ARMED FD   (If yes give war or dates o	RCES?   16. f service)	SOCIAL SECURITY N	D. 17.	INFORMANT Daugh	ter)	Address	Jpshur R	load
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	The law requires that the death certificate be executed within or attending physician.	certificate has been s ched for use as the bu pt. of Health prior to bu	2	CERTIFICATION									YES	PERFORMED?
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	tain	DIRECTOR: Age 3 should led with the			saw the dec	ceased alive on 2		19 65	and that	death occurred at8	· 15 M, from	n the causes an	d on the date	stated above.
	R Al	3 s wit			22a SIGNATUI	PE II.	(1)	(. 1		ATTENDING	MED		22b. DATE SIG	NED
	1 o	page filed			Inter+	1. Skirley	LCOK	(mc) USA	R M.D		MED. DIRECTOR	STAFF PHYS.	21 May	1966
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.	o FUNERAL director, pa should be fi	/		22c. PHYSICIA NAME (T)	AN'S ype) Rober L	. Shir	lev. LCDR I	MC US	22d. ADDRESS	aval Ho	spital, A	Annapoli	s. Md.
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY 表 2 年 MARYLAND and deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write-RURAL end give neerest town) = PALL executed within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) hours a d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MASONS completely papers. YES NO X 3. NAME OF First 4. DATE Middle Month Dey Yeer DECEASED OF within (Typa or print) DEATH 19 carbon and COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours certificate WIDOWED DIVORCED attending physician remove 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) SOURENMEN Se 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ple Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e burial-transit attending DUE TO Conditions, if eny, which geva rise to immediate cause burial has DUE TO (e), steting the undarlying the 0 cause lest. certificate hospital PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 98 2 CERTIFICATION PERFORMED? use prior NO Z for 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) After this OR CONTRIBUTING | CAUSE OF DEATH Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, : 20f. (City or town) (County) (Stete) retained ō factory, street, office bldg., atc.) Not While While DIRECTOR: Dept. et work | et work p.m. å 21. I certify that (I) (this hospital) attended the deceased from... should State saw the deceased alive on.... DATE 22b. 22a. SIGN ATTENDING MED. STAFF SIGNED FUNERAL HOSPITAL PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c HYSICIAN'S director, post be filed v NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNAT VR A15 (4) 20M S-63

ARYLAND STATE DEPARTMENT OF HEALTH

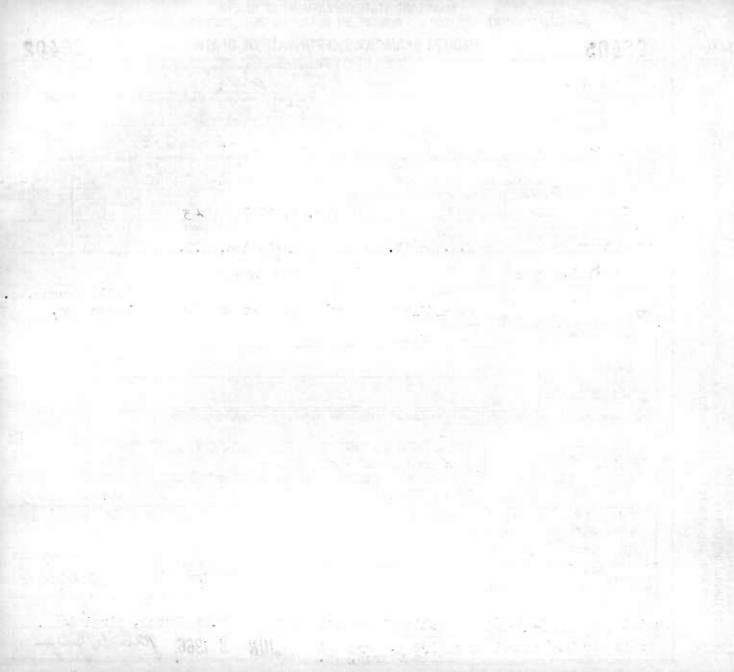
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06404 death. within 24 haurs after death physician and campletely filled in by the funeral en please remove carbon papers. Pages I and avail and an event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL COUNTY MARYLAND MARYLAND ANNE ARUNDEL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) FERNDALE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO To 403 MELROSE AVENUE 403 MELROSE AVENUE 3. NAME OF Middle 4. DATE First Lost Year DECEASED ETHEL M. RULE (Type or print) DEATH be executed S SEX AGE (In years IF UNDER 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last\_birthday) Months Dovs Hours a am X WIDOWED DIVORCED FEB. 1890 FEMALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if third direction of the control INDUSTRY certificate PENNSYLVANIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, ELLA RANKIN WILLIAM RHODES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death GLEN BURNIE 50 GLENDALE AVE. (Yes, no, or unknown) (If yes give war or dotes of service NO MRS. K. R. KUHN. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the naspirar or unterviews

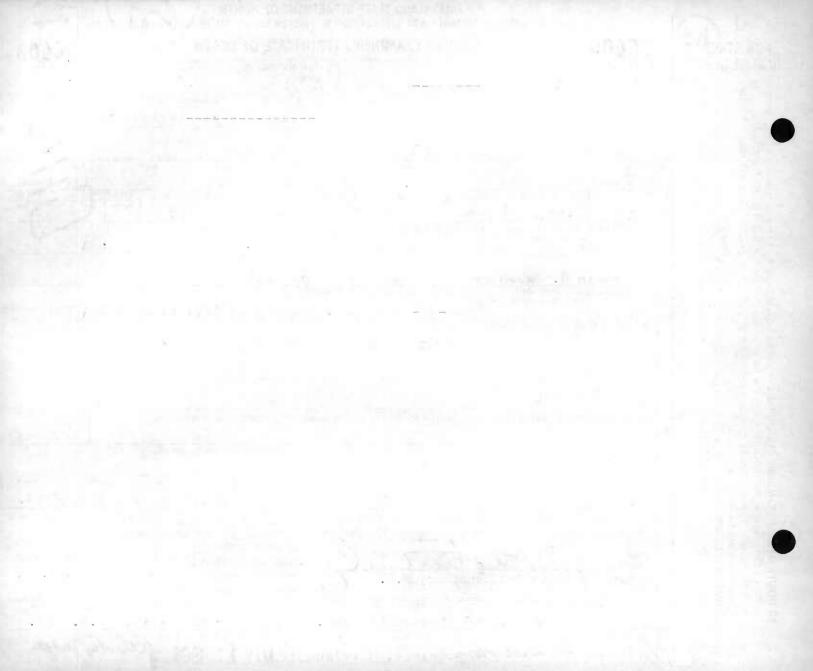
O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION far use YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. ( (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While 19 of wark 1966 to 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at A PM, from causes and an the date stated above saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN" NAME (Type) OLD ANNAPOLIS ROAD IGNAS SAULYNAS 319-2 directar, shauld be 23o. BURIAL, CREMATION, 23b. DATE THEREOF 5-17-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE 25, MARYLAND CEDAR HILL CEMETERY 0 24. FUNERAL DIRECTOR ADDRESS . REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE

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1 1/0	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
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e Stote Deportmento 72 hours after death	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn).  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn).  Takko of Shauch	83.3
te Dep ours a	d. NAME OF HOSPITAL OR INSPITUTION (If not in hospital, give street address)  ANNE ARUNUEL - GONERAL.  d. STREET ADDRESS 6907 J. Flerson E.	e. IS RESIDENCE ON A FARM? YES NO
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nt within		UNDER I YEAR IF UNDER 24 HRS. On this Days Haurs Min.
ges long z	10a. USUA OCCUPATION (Give kind af work done during most of working life, even if retired)  Secretary  10b. KIND OF BUSINESS OR INDUSTRY  U.S. Gov t. Washington, D.C.	COUNTRY? USA
File poges and in ony	Paul Leo Ryon 14. Mother's Maiden Name Mary Schenk	
it permit. Fi removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service) no 17. INFORMANT Address F	Talls Church, Va.
buriol-tronsit pe mation, or remo	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Junelly le Prépares	INTERVAL BETWEEN ONSET AND DEATH
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to burio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
prior to	200. EXTERNAL CAUSE WAS PRIMARY LOG CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.  CAUSE OF DEATH.  COURT CAUSE OF DEATH.	
ogent,	20c. TIME OF INIURY Manth, Day, Year  While Not While of wark	(Caunty) (State)
gnated	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry death resulted traps. Notural causes, Accident, Suicide, Homicide, Undetermined mann	
FOUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	ACTUAL SIGNATURE HELLOCALE XAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Ith or I	EXAMINER'S NAME (Type) E. LINHAROLF . DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5/28/66
Heal	23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  5-31-66  National Memorial Park  Falls Church  25b. REGISTRAR  25b. REGISTRAR  25b. REGISTRAR  25c. REC'D BY REGISTRAR	
AE (5)	24. FUNERAL DIRECTOR ADDRESS A	RAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06406 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay it and 3 to o. COUNTY Maryland h COUNTY Jo. Baltimore Anne Arundel Anne Arundel Deportment b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) P.M.3. after ( DOA Beltimore---Rural Friendship Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours along with form Anne Arundel General Hospital Friendship Item 18. Give Pages ote YES X NO hours after deoth. 3. NAME OF First Middle with the Stowithin 72 | 4 DATE Lost Month Doy Year DECEASED SANSBURY 13 19 66 (Type or print) ODEN A . May DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours White WIDOWED DIVORCED 11-25-88 Male event pyc 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 Maryland Farming \_= Farmer pencil Examine 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within DC. Emma Webb File Edwin H. Sansbury puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT rd "pending" in Chief Medical E permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal, 220-34-3280 Mrs. Irene Sansbury, Friendship, Maryland No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE (AUSE (6) Multiple traumatic injuries This certificate should e, writing the ward forworded to the Cl cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 00 buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pleose execute the certificote. YES X NO designated ogent, prior to pe 20o. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 4 should MEDICAL EXAMINER: CAUSE OF DEATH. Driver in auto-auto collision 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.)
Street While Not While moy be retoined far your FUNERAL DIRECTOR: Page at wark of work 9:30 p.m. 5-13-19 66 Baltimore Anne Arundel Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my apinian the funeral director. Homicide death resulted from: Natural causes Accident X Suicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 5-14-66 Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) ay 16,1966 Friendship Chr. Cemetery Friendship, Md. A.A. Burial 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15ME (\$7) Milanles formelowings, Maryland 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Anne Arundel C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours .5 Glen Burnie Two Hours Linthicum d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1207 Winterson Road North Arundel Hospital NOTE YES completely NAME DE Middle Last DATE Month Day Year DECEASED (Type or print) May 3 19 66 DEATH Frederick William Schrufer executed 6. COLOR OR RACE 5. SEX 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | and Dave Hours Male Cauc. WIDOWED [ DIVORCED [ Jan 27 1913 E 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT clan lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? Truck Driver physi U.S.A Brewerv Baltimore Marvland death certificate ᆸ removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then Mrs Streb Edward Schrifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 1207 Winterson Road W.W. 2 Thelma Schrufer 218-09-31:26 18. CAUSE OF DEATH [Enter only one cause perpline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h hed for use t. of Health 19. PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) After While Not While p.m. at work at work OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from a DIRECTOR: age 3 should iled with the that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED page ATTENDING PHYS. DIRECTOR Page 4 may PHYSICIAN'S TO FUNERAL director, page should be fill 22d. ADDRESS NAME (Type) Charles Ball Manle Rd, Linthicum, Marvland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Frederick 25a. REC'D BY REGISTRAR) 25b Baltimore National FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy, Balto 25 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06408 CERTIFICATE OF DEATH funeral and 2 r death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY the sal a. STATE papers. Pages hin 72 hours afte MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely fill ove carbon pap event, within 7 YES NO \_ executed within 3. NAME OF Middle Last DATE Day Month Year DECEASED OF Rea (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BURTH IF UNDER 24 HRS 7. MARRIED AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthday) and c Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ase be during most of working life, even if retired) PINDUSTRY Opene Operator - Ship Repair D death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. rem attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. 4NFORMAN1 Address been signed by the atten the burial-transit permit. or to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating has be as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO M YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) After this certify be detached for State Dept. of F WEDICAL 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc. DIRECTOR: After tage 3 should be de Hour a.m. While Not While ITAL OR ATTENDING may be retained by 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last 1960 and that death occurred at the M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING M.D. DIRECTOR O FUNERAL I director, par should be fil PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. 23c. 23d. 0 REMQVAL (Specify) 25h. REGISTRAR'S SIGNATURE **ADORESS** REC'D BY REGISTRAR DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) PLACE OF DEATHe. COUNTY b. COUNTY MARYLAND TTY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 CITYOR TOWN (If outside corporate limits, write RURAL end give nearest town) hospitel, give street eddress) a. IS RESIDENCE ON A FARM? YES NO NO DECEASED DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX MARRIED T birthday) Months Hours WIDOWED DE 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardio Vascular Disease DUE TO Conditions, if eny, which One Year geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Hour e.m. at work at work 28 saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING STAFF DIRECTOR death. Page 4 PHYS. director, page be filed with the 22d. ADDRESS Richardson, M.D. 110 Clay St., Annapolis, Maryland 23c. NAME OF CEMETERY OR CREMATORY BY REGISTRAR 25b. VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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and 2 death	08410 CERTIFICATE OF	DEATH 06407
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	Linthicum Life L	inthicum 02-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STR	REET ADDRESS
00		206 N/ Hammonds Ferry Rd. YESK NO
	DECEASED	Last 4. DATE Month Day Year
	(Type or print) RICHARO LUTHER SH	HIPLEY DR. DEATH May 11 19 66
	The state of the s	9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS   Iast birthday)   Months   Days   Hours   Min.
	Male white WIDOWED DIVORCED Oct.	5. 1880   85 yrs.     1
	during most of working life, even if retired) INDUSTRY	IRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
		Anne Arundel Co., Md. U.S.A. HOTHER'S MAIDEN NAME
	Richard Luther Shipley  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORM	Annie L. Linthicum
	(Yes, no, or unkown) (If yes give war or dates of service)	JUZ 5/ Ft. Meade Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CAUGULTU H	elles Fastine ONSET AND DEATH
	443X DUE TD 3 Leadly 1	a ladi e di
	Cenditions, If any, which \ (b) (b)	asilo Maculal dio 8 years.
	gave rise to Immediate cause (a), stating the DUE TD	
	underlying cause last. (c)	
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T  20a. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
0	O ACCUPANT WAS UNDERSTOOMS TO LOOK DESCRIPT HOW NAMED AS A SECOND TO THE PARTY OF T	YES NO
	DR CONTRIBUTING CAUSE DF DEATH  [E] COB. DESCRIBE HOW INJURY OCCURRED. (E) COB. DESCRIBE HOW INJ	Enter nature of injury in Part i or Part ii of Item 18.)
		JURY (Home, farm,   20f. (City or town) (County) (State)
	Hour a.m. While Not While factory, street	t, office bldg., etc.)
	700	11 - 57 · (5-11) - 16 · 11 · 11
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 c/c, and that death	occurred at 41 M, from the causes and on the date stated above
	saw the deceased alive on 19 42, and that death	22b. DATE SIGNED
	TO PRIMILED RURES WITH M.D. ATTE	NDING MED. STAFF
-	22c. PHYSUCIAN'S 22d.	. ADDRESS
	NAME (1996) C.R. MacDonald 20	04 S/Crain Hwy. Glen Burnie, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CRE	
	January 12 - 11 - 11 - 12 - 12 - 12 - 12 - 12	tery Baltimore, Maryland
1	24. FUNERAL DIRECTOR ADDRESS Singleton Funeral Home/ Glen Burnie, Md.	000 100 10
11	Studie on Louisiat Dome, Gien Boluis, Mo.	DATE V 17 1966! (Clearles Judge

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  OF A 1 1 CERTIFICATE OF DEATH
1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before equissis
L	ANNE ARUNDEL MARYLAND . STATE Mary and b. COUNTY BOLL MARYLAND
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)
	FORT GEORGE G MEADE 3 HRS 25 MIN BOLLING RE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  o. IS RESIDENT ON A FARM
	KIMBROUGH ARMY HOSPITAL 6601 WOOGS TWY YES NO
3.	NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
	(Type or print) NOT NAMED SIMPSON DEATH MAY 20 19 66
Ĭ	7. MARKIED NEVER MARKIED OF BART OF BA
	MALE NEG WIDOWED DIVORCED MAY 20, 1966   State of the sta
d	lone during most of working life, even it retired)
13	ANNE ARUNDEL, MARYLAND USA  3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	DOUGLAS R. SIMPSON FRANCES E. JACKSON
-13	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (fes, no, or unknown) (If yes give war or deless of service)  16. SOCIAL SECURITY NO. 17. INFORMANT
	NO DOUGLAS R. SIMPSON FT HOLABIRD, MD
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	7 7 4 X DUE TO  CARDIAC AND RESPIRATORY ARREST  3 HRS 25 M
	Conditions, if any, which geve rise to immediate ceuse (b) IMMATURITY AND PREMATURITY
	(e), stating the underlying DUE TO
Z	
ATIC	PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town)   (County)   (State)   (County)   (State)   (County)   (Co
MED	Hour a.m. While Not While at work et work to
	21. I certify that XXX (this hospital) attended the deceased from MAY20
	saw the deceased alive onMAY, 201966, and that death occurred at 1.10PM rom the causes and on the date stated above
	226. AGNATURE 22b. DAT STAFF SIGN
	Zec, PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS. 20, 1966
	NAME (WPE BENJAMIN E. DUNLAP, CAPT, MC KIMBROUGH ARMY HOSPITAL, FT MEADE, MD
2	3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMBURIAT: May 24,1966 BALTIMORE NATIONAL CEM. Frederick Ave., Baltimore, Md.
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   258. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE
F	Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland   MAY 24 1968 yellowley Jusque
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S 1835 SE ATT LEADING TO SEE SEE REEL CHINA TO HE WELL STORY STORY NATIFIEDE YERS REDORESTAN MAY 20, 1986 -AWE AREAD SI, MARKAND La con Con a della della n DOWNER H. SIMPRON 6601 WOODS PARTINAY DOUBLES A. SIMPLON OM , ORIGINAL TE Testing the figure long and the SIDUTABLE OUR PEROTAME MAX 20 05 TAM # 66 P MAX 20 P 65 P XX LEUT 20 CO CO CO CO CO aser to the second of the seco BENJAMIN E. INNIAP, CAPT, MC KIMBROUGH ARMY HOSPITAL, IT MEADS. HO it is the state of Library Alast Depos and Alasto bering the formal the branches of the state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06413 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death and the ottending physicion and completely filled in by the funeral sit permit. Then please semove carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY DR TDWN (If outside carporate limits, write RURAL and give neorest town)

Annapolis c. CITY OR TDWN (If outside carparate limits, write RURAL and give neorest town) CLENGTH DE STAY IN 1b Gambrills 1 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE Anne Arundel General Hospital YES NO 3 NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED OF DEATH SMITH 66 Carl Eric May 19 (Type or print) AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Male Negro WIDDWED DIVORCED May 9, 1966 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Anne Arundel, Maryland
14. MOTHER'S MAIDEN NAME Newborn 13. FATHER'S NAME Alice Alverta Dorsey Charles Edward Smith IS. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1625 DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the hospital or ottending os the this certificate has been last. 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NDTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After of work Page 4 moy be retoined by 21. I certify that (1) (this hospital) attended the deceased from\_ May 9 , 1966 , to May 9 , 1966 , that (1) (DEE) lost 186, and that death occurred at M, from causes and on the date stated above saw the deceased alive on\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 20 Dean St. Annapolis, Md. T. H. Johnson, M.D. director, should b NAME DE CEMETERY OR CREMATORY (County) LD CATION (City or Town) 23g. BURIAL CREMATION REMDVAL (Specify) mer 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR Welianley

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
FOR STATE	08414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06411					
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY b. COUNTY b. COUNTY					
=0 +3	MARYLAND MARYLAND BUCKING/ASTAS					
is coessary, the funeral e 5 may be Department after death,	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)					
S mis parter of the contract o	d. NAME OF HOSPITAL OR (NSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS (e. IS RESIDENCE					
is to the	ON A FARM?					
delay is nd 3 to Page State hours	3. NAME OF First Middle Last   4. DATE Month Day Year					
The The	OF (Type or print) Gordon Lee SNODY DEATH S 73 1966					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR.					
age. Togeth.	M WIDOWED DIVORCED AUG. 4-1887 76 yrs.					
after death. I. 3. Give Pages ong with form es free any wen fith	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
rs after 18. Gi along along ages n any	Retired Farmer Farming Virginia U.S.A  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
al al al	Gorden Lee Snoddy Bryne Knuckles					
4=====	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address					
	No None Edna Chapman "Linthicum, Maryland					
uted within ", in pencil Examiner's nsit permit	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]					
Exa Exa msit or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concerning Constant of the Co					
should be executed word "pending" in I Chief Medical Exan as a burial-transit I urial, cremation, or I	Conditions If any which \					
"pendin Medica burial-tr	gave rise to immediate cause (a), stating the DUE TO					
hief hief hief al, c	underlying cause last. (c)					
te sho e wor he Chi ed as burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?					
certificate iting the led to the do be used prior to bu	YES NO Z  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of Item 18.)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.					
EXAMINER: This certificate, will be forwar les. R: Page 3 should be signated agent,						
AL EXAMINER: The certificate, should be forw r files.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work et work et work					
P der	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinio					
EDICAL EXA	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner					
63 4 4 5 5	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ( 22. DATE SIGNED					
for Parent	DEPUTY MEDICAL EXAMINER					
DEPUTY M lease exective frector. Presented for FUNERAL f Health or	RAMINER'S NAME (Type)  Address (Street, city, town, or county)  (Stete)					
Address (Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) Many 26 2066 Harden We thought of Company Anyonia Virginia (Specify)						
5 5 5	Burial May 26,1966   Wesley Methodist Cemetery Arvonia, Virginia  ADDRESS   250, REGISTRAR   250, REGISTRAR'S SIGNATURE					
VR A15ME	George J. Gonce 4001 Ritchie Hgwy, Balto, Md MAY 25 1966 Charles Judge					
3500 4-64						

Pyres Consideration of the Personal Constitution of the Personal Constitut Serial , see 26.1986 Feeley Manority Creamy Arronia, Preints Jeorge J. Gorge J. Gorg

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE 40 g. COUNTY b. COUNTY AACA of deoth. MARYLAND b. CITY OR TOWN (If autside carparate limps c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ofter PASA NEW A Sunset Knoll) d. STREET ADDRESS

RL 5-13-48 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? hours olang with farm D.O.M. -NORTH-ARUNDEL-general Give Poges YES NO W 24 hours ofter death. 3. NAME OF Middle Last Month Day Year DECEASED Steidinger 1966 (Type or print) DEATH S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS in Item 18. pirthday) Months WIDOWED Jan 9, 1885 DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRYS A. Home Germany Onv Chief Medical Exominer's pages in ony pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Gottfried Stuhlfauth Margaret Diehl and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 2804 Summit Ave. (Yes, na, ar unknawn) (If yes give war ar dates af service) removol Mr. Alwin Ohler (son) No Unknown 1B. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) ward certificate should cremation, DUE TO Conditions, if ony, which gave rise ta immediate cause (o), DUF TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part 1 ar Part II af item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion death resulted fram? Natural causes . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Tawn) 0 REMOVAL (Specify)
Burial May 23.1966 Glen Haven Memorial Pk. Glen Burnie, Maryland 24. FUNERAL DIRECTOR MOLESCIA BY VR A15ME (5) Glen Burnie, Md. Richard V. Singleton 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTA PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland b. COUNTY death. ond 3 to PM3. Poge ARUNDEL COUNTY Ballimor MARYLAND delay Deportment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? with form hours North Arundel Hospital 321 Mount Street Give Pages YES NO X after death. NAME OF First Middle 4. DATE Lost Month Year Dov DECEASED **JOHN** STUKES H . May 13 1966 (Type ar print) DEATH AGE (In yeors lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Dovs Hours 1918 in Item 18. hours Male Negro WIDOWED DIVORCED Office event 10o. USUAL OCCUPATION (Give kind af wark done during mast of warking lite, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** Laborer South Carolina any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 5 Joe Stukes Elizabeth Bowman pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal, George Stukes 321 N. Mount St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Multiple traumatic injuries This certificate should e, writing the ward forworded to the Ch burial, cremotion, DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX please execute the certificate, 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Subject was designated ogent, prior passenger in auto and was thrown from same. CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.)
Street YOUr Nat While FUNERAL DIRECTOR: Page Baltimore, Anne Arundel Md. 5-13- 1966 ot work ot wark 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry . and in my apinian for the funeral director. Undetermined manner death resulted from: Natural causes . Accident/X Suicide . Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE TO DEPUTY 5 may be ro FUNERAL Health or i Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER 5-13-66 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial 5/19/66 Gum Spring Summerton, S.C. 2Sb. , REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR WCharles you VR A15ME (5) 1966 DANSAY 16 Charles A. Rice 661 W. Barre St.

the state of the s · UL LENG. MARYLAND STATE DEPARTMENT OF HEALTH

ALLO Ordnerd Avenue 200 St. James Place Thomas . Un Chauffaur Laure City of Salte. Rock Creek, Md. Thomas Swinner Standard 214-20-0513 Rosensry Harden 200 St. June Place Surini 5/18/66 Noly Cross Cemeters Brocklyn, vd. Raymond C. Fink | Glan Strate, Add. WAY I 5 1956 V works Surger

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06418 executed within 24 hours after death PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Poges 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) LOUS rowns d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 Lowns villo YES NO T 3. NAME OF First Middle DATE Month Dov DECEASED OF DEATH 1966 May (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED AGE (In years IF UNDER 24 HRS NEVER MARRIED Months Dovs Hours any DIVORCED WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT buriol, cremation, or removal, ond in pleose during most of working life, even if retired) INDUSTRY COUNTRY 2 Laborei an requires that the death certificate 14. MOTHER'S MAIDEN NAME physi 13. FATHER'S NAME VAV 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, Ag, or unknown) (If yes give war or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the hos been prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached for use Stote Dept. of Health YES [ NO TO FUNERAL DIRECTOR: After this certificate the hospital or PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office bldg., etc.) TO HOSPITAL OR ATTENDING Poge 4 may be retained by the ot work of work 21. I certify that (I) (this hospital) oftended the deceased from 12 1966 to 1966 that (1) (we) last 1966, and that death accurred at 4 45M, from causes and an the date stated above. saw the deceased alive an 5 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Crowns ville NAME (Type) 125017 23g- BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR /2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0642 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
o. STATE
b. COUNTY o. COUNTY A.MCO 0 death. MARYLAND delay Department b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) ond after Woodland Beach OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Office olong with form 30x186 in Item 18. Give Poges Mayo P. C 24 hours after deoth. NAME OF Middle 4. DATE Month Dov Year DECEASED OF 5 (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR last birthday) Months Days Hours July 7, 1904 WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (State or fareign country) 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Painter Self Ohio II.S pages ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil Charles D. Vaughn puo Elma Fulton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yes, na, ar unknown) (If yes give war ar dates of service) 215 05 8617 no Pearl G. Vaughn Same as #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH cremation, or IMMEDIATE CAUSE (o) Word This certificate should DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse last. burial nsed 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificote, NO Health or its designated agent, prior to 2Da. EXTERNAL CAUSE WAS PRIMARY → ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should MEDICAL EXAMINER: CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge pleose execute 21. I certify that -taok charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral director. death resulted from Natural causes Suicide X Hamicide Undetermined manner Accident moy be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 50 Burial (Specify) 5/21/66 Lincoln
ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Francis Gasch's Sons Hyattsville, Md.

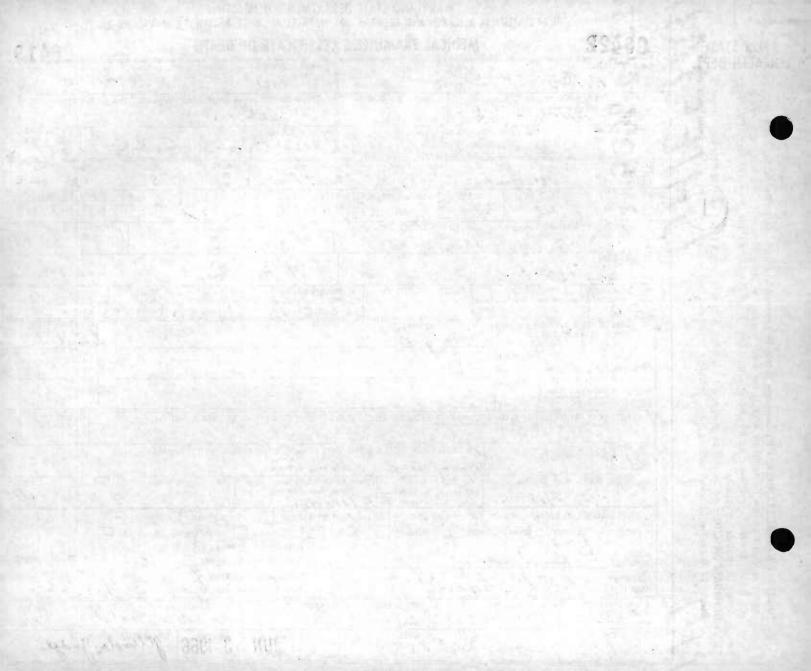
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06421 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE COUNTY Page ond 3 to MARYLAND b. CITY DR TDWN (If outside carporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Departr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Office along with farm 654 Gerard St. N.W NO Give Poges YES hours ofter death NAME OF First John Month Dov Year within 72 DECEASED 5 1966 (Type or print) DEATH with IF UNDER 24 HRS. SEX 6. COLOR OR RACE 9. AGE (In years Months Item 18. Hours WIDOWED елен and USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Rankin , Pa COUNTRY? 2 ONV Exominer's poges 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil within \_\_ Unknown Unknown File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (ife) permit. (Yes, no, oppknawn) (If yes give war or dotes of service removal 654 Girard #St N. W 5664Tnez 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-tronsit DNSET AND DEATH PART I. DEATH WAS CAUSED BY gr IMMEDIATE CAUSE (o) word This certificate should used as a burial-tr burial, cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a) DUE TO stoting the underlying couse writing lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate. NO its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page 21. I certify that steel charge of the remains described above, held an Autapsy [ Inspection and in my opinian deoth resulted from Natural causes 4 Suicide Undetermined monner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY moy be ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION (Stote) 0 5/11//966 1tland PG,Co Md CEM Su REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (5) 1966

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY AMCO Page 3 ta af death. MARYLAND delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE haurs Office alang with farm ON A FARM? Item 18. Give Pages NO S haurs after death. NAME OF Middle 4. DATE Last Day Year DECEASED OF Michael 19 C C WALTON 5 (Type or print) DEATH ent with S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any 13. FATHER'S NAME May d "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME be executed within pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) shauld writing the ward crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO certificate stating the underlying couse 0 OS used as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO DE pe 20a. EXTERNAL CAUSE WAS PRIMARY Of ar Contributing ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or Part II of item 18.) priar 20d INIVRY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Not While factory, street, office bldg., etc.) MD may be retained far your FUNERAL DIRECTOR: Page ARCO 5/28 196C at work ot wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinion Suicide 7 funeral directar. deoth resulted from: Notural couses Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 50 Cally Funeral Hone 237 Patt opposit 24. FUNERAL DIRECTOR VR A15ME (5)



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fored in by papers Annual 2 bours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  North Arusdel Hospital  73.93 South Alton (	Court   e. IS RESIDENCE ON A FARM?
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gent boss	10 du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY	
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PHY the this deta deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4	(County) (State)
ATTENDING retained by CTOR: Aften should be vith the Stal	-	21. I certify that (I) (this hospital) attended the deceased from Am 5/20, 1966, to 5-2	0, 19 66, that (I) (we) last
ATTENDI retained CTOR: A Should vith the S		saw the deceased alive on 572 1966, and that death occurred at 945 M, from the causes	and on the date stated above.
OR be 3 gge 3 gge 3 ed w		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	220. VATE SIGNED
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fill		22c. PHYSICIAN'S NAME (Type) DR. Samuel 13 ORSSuck 425 Ritchic Highway C	elen Burnie, Md.
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filled with the	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 1 REMOVAL (Specify)	town or county) (State)
0		Cremated	REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65		North Arundel Hospital MAY 27 1966 10	liantes Judge
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH funeral I. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY by the b. CHY OR TOWN (if outside corporate limits, c. CUTY OR TOWN III c. LENGTH OF STAY IN 16 Utnits, write RURAL end give nearest town) write RURAL end give nearest town) Pages d. NAME OF HOSPITAL INSTITUTION (if por)in hospitel, give street address) e. IS RESIDENCE ON A FARM? 00 YES NO NO completely NAME OF 3. Middle 4. DATE Day Month Yaar DECEASED OF (Typa or print) DEATH 19 66 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR and fast bighday) Months Days Hours WIDOWED [ DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working life aven if retired) гетоме 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORM (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if any, which (b) geva rise to immadiata cause DUE TO (e), stating the undarlying causa last. TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL WAS AUTOPSY certificate CERTIFICATION 35 PERFORMED? NO T use Prior 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) hed 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, Month, Dev. Year 20f. (City or town) (County) (State) Not Whila factory, straat, offica bldg., atc.) Whila Hour e.m. at work at work O may 21. I certify that (1) (fine hospital) attended the deceased from. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED X DIRECTOR PHYS. M.D. PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Ray M. Smith, M.D. Hahn PfofBldg., Severna Park director, be filed 23. LOCATION (City, town or county) 23a. AURIAL, CREMATION, 23b. DATE THEREOF (State REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15

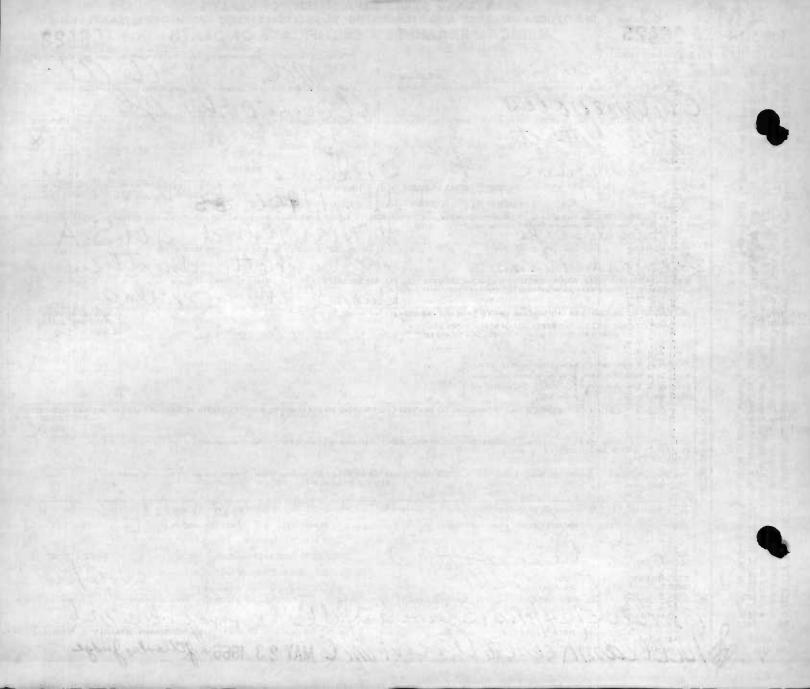
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MARYLAND STATE

DEPARTMENT OF HEALTH

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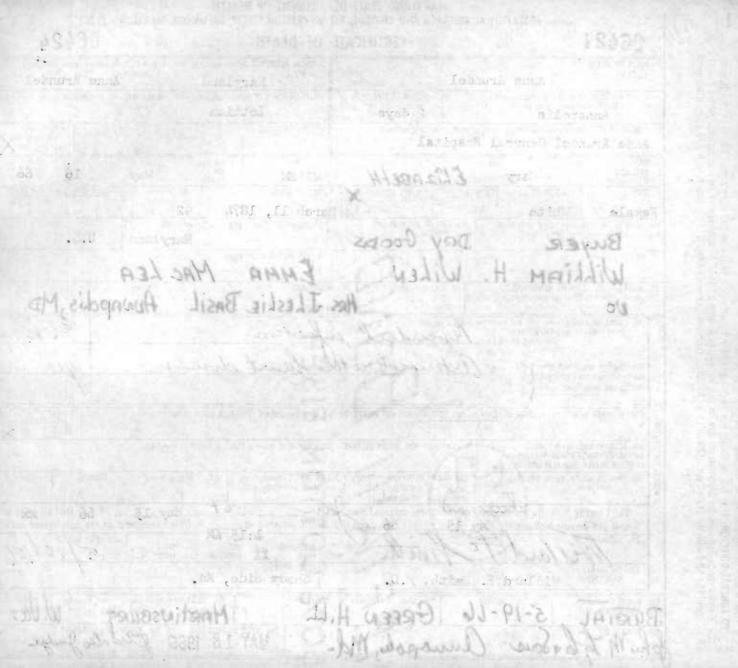
TATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before edinission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete-lic. LENGTH OF STAY IN 1b OWN (If outside corporete lighte, write RURAL and hospitel, give street eddress) IS RESIDENCE ON A FARM? State YES NO NAME OF Middle 4. DATE Month Dey Yeer DECEASED OF 5 (Type or print) DEATH 20 19 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED IF UNDER 24 HRS. 9. NEVER MARRIED last birthdey) Months Deys Hours Min. WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work-10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retire PATHER'S NAME Give any E WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detes of service) with in Item " in pencil in It Office along 18. CAUSE OF DEATH [Enter only one tous INTERVAL BETWEEN burial-transit NSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a te should be DUE TO Conditions, if eny, which (b) emation, "pending" geve rise to Immediate cause writing the word "pending" and Chief Medical Examiner's Page 3 should be used as ant, prior to burial, cremation Ø DUE TO (e), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) EXAMINER: PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. the Cin. 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m CIOR: 0 21. I certify that Ltook charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion designated D death resulted from: Natural causes Suicide Homicide Undetermined manner Accident DIRE CHIEF MEDICAL EXAMINER for ACTUAL should be for FUNERAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 9 EXAMINER'S NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN Health 22e, BURIAL, CREMATION, L. 22b. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or conntry) REC'D BY REGISTRAR REGISTRAR'S SIGNATU VR A15ME 5M 1/62



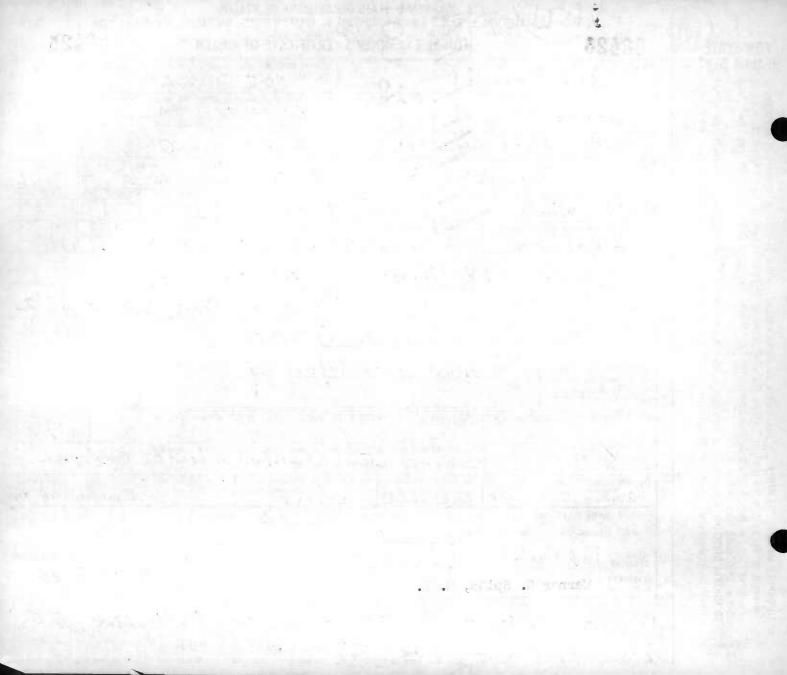
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06426 death requires that the death certificate be executed within 24 hours after death ottending physician and completely filled in by the funeral bermit. Then please\_hemove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) days Shadyside d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital YES NO 3. NAME OF First Middle 4. DATE Last Manth Doy Year DECEASED WICKS (Type or print) George Henry DEATH May 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours Days WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Guring mast of working life, eyen if retired) **INDUSTRY** Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Dermit. (Yes, or unknown) (If yes give war ar dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO burial Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause Poge 4 may be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) 19 at work 21. I certify that (1) (this haspital) attended the deceased fram. 19\_\_\_\_, that (I) (we) last 1966 13 , and that death accurred at fram causes and an the date stated above May saw the deceased alive an\_ 22n SIGNATURE (160 M) 1) CHURCH M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S CHITEONA NAME (Type) MUNKOUS Kn. 23c. NAME OF COMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d/ LOCATION (City or Town) (County) REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 1966

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06424 06427 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Annapodis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Lothian 2 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 3. NAME OF First Middle 4. DATE Lost Manth the ottending physicion and completely sit permit. Then please remove carbon Year 19 66 DECEASED Mary WILEN Mav (Type ar print) DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Haurs DIVORCED White WIDOWED March 11, 1874 Female 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most provarking life, even if retired) COUNTRY ? GOODS Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMAN (Yes, no, ar unknown) (If yes give war or dotes of service ESLIE BASIL HUNAPOLIS 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspitol or ottending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION YES Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While ot work 21. I certify that (1) (this Rospital) attended the deceosed from May 15 \_\_\_, 19\_66 that (I) five) last 19.66, and that death occurred saw the deceased alive on May 15 M, from couses and an the date stoted obove 22a. SIGNATURE 22b. DATE SIGNED D M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Shadt Side, Md. NAME (Type) Willard F. Smith, M.D. 23. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /16/66 06425 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH (Where deceased lived, if institution; Residence before admission) o. COUNTY Arunde Catolina COUNTY Page Anne 0 0 after death. delay Department b. CITY OR TOWN (If gutside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) and P.M3. F write RURAL and give\_nearest town / Wilkes BOLO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Office alang with farm Ronte ate NO 24 haurs after death. 3. NAME OF 4. DATE 5 First Lost Month Doy Year within 72 DECEASED WILKINS the OF May (Type or print DEATH 19 with t 6. COLOR OR RACE 9. AGE (In years IF UNDER IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED event 3 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY TIOM 2 Examiner pencil 13. FATHER'S NAME be executed within LEONA pup IS. WAS DECEASED EVED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service = 17. INFORMANT Address removal pending" 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Laceta crematian, ar IMMEDIATE CAUSE (a) This certificate should e, writing the ward farwarded ta the Ch DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse SD last burial, nsed ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate. NO designated agent, priar to 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter\_noture of injury\_in Port | or Port | of itemy | B.) 3 should head on shauld automobile involved in Driver of EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Ham o.m. may be retained far yaur FUNERAL DIRECTOR: Page While Not While of work anne arunder 1966 ot work 21. I certify that I taak charge of the remains described above, held an Autopsv 🔀 Inspection Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY P DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner Spitz, M. Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 PEMOVAL (Specify) runeen! 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNALHRE Glen VR A15ME (5) 6M 1/66



	160		MARYLAND STATE DEPARTMENT OF HEALTH	AADW AND
_	M. E.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH	06426
24 hours after death	funeral and er death.	1.	PLACE OF DEATH a. COUNTY  a. STATE MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE Mondo  Maryland  Maryland	-1-1
aff.	at significant	-	b CITY OR TOWN (if outside corporate limits   C LENCTH OF STAY IN 1b   C CITY OF TOWN (if outside corporate limits write PUPA)	
Z.	and completely filled in by temove carbon papers. Page any event, within 72 hours	1	write RURAL and give nearest town) Annapolis  2 Hours 20 Min Ft. Meade, Maryland	02-1
	ed ers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		J	J.S. Naval Hospital, Annapolis, Md. 7338 Kelley-Loop, Fort Meade M	
# ±	n and completely fremove carbon pon any event, within	3.	NAME OF First Middle Last 4. DATE Month OF	Day Year
3	mple car ent,	-	(Type or print) Baby Boy WILLIAMMEE DEATH May	16 19 66
410	y ev	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years list birthday) Months	Days Hours   Min.
d X	n and rem in an	Me	The Cauc WIDOWED DIVORCED 16 May 1966 yrs.	2 20
٩	ne sa a	dur		ITIZEN OF WHAT OUNTRY?
4	E TE	13	FATHER'S NAME USNH, Annapolis, Md US	5A
iffic	Then Then emo			
T d C	nding The	Ot 15.	to Edwin WILLIAMMEE Barbara Bangs WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address 220	W-22 T
#	the attending it permit. The nation, or remo	(Ye	s, no, or unknwn)   (If yes give war or dates of service)   / 200	Kelley Loop
9	ation ation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	I INTERVAL BETWEEN
4	y physician.  y physician.  n signed by the at burial-transit perm	Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Prematurity	ONSET AND DEATH
100	ned al-tr		776 X DUE TO	
4	sig Surris burit		Conditions, If any, which \ (h)	
	ding p been the bu		gave rise to Immediate Cause (a), stating the DUE TO	
2	tendii as th as th prior	z	underlying cause last. (c)	- Inches
The law remites that the death certificate he executed within	hospital or attending physician, sertificate has been signed backed for use as the burial-transpt. of Health prior to burial, cre	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	म्बूस्य ()	IFIC	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18	
PHYCICIAN.	the hospit r this certi detached t te Dept. of	CER	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HAC	Oction	CAL	20c. TIME OF INJURY Month. Day. Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Co.	unty) (State)
	be de State	MEDICAL	Hour a.m.  While Not While at work factory, street, office bldg., etc.)	
ATTENDING	Affild b			66that (!) (we) last
E	TOR Shou		saw the deceased alive of 16 May 19 66, and that death occurred at 1 00 My from the causes and on t	the date stated above.
	REC 3			DATE SIGNED
	ay be based as bea	П	M.D. PHYS. DIRECTOR PHYS.	May 1966
TIG	4 may be retained the property of the page 3 should be filed with the S	H	22c. PHYSICIAN'S NAME (Type)  C. B. WARGROVE ICDR. MC. USN USNH. ANNAPOLIS. MARYLAND	
INCEPTAL	Page 4 may be retained by the Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State	23a	BURIAL CREMATION, 23b. DATE THEREOF, 1,23c. NAME OF CEMETERY OR CREMATORY , 1 23d. LOCATION (City, town or co	ounty) (State)
5	5 5 5 8	(F	REMOVAL (Specify) 5-19-66 FAST MAHONING CHURCH COMMHOORE	ta.
		124	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	√R A15 (4)	fo	ohn M. Jester & Dus Unepoli Ma. DMAY 19 1966 goliano	es Judge
2	20M 1/65	J	1 - 708/14	0

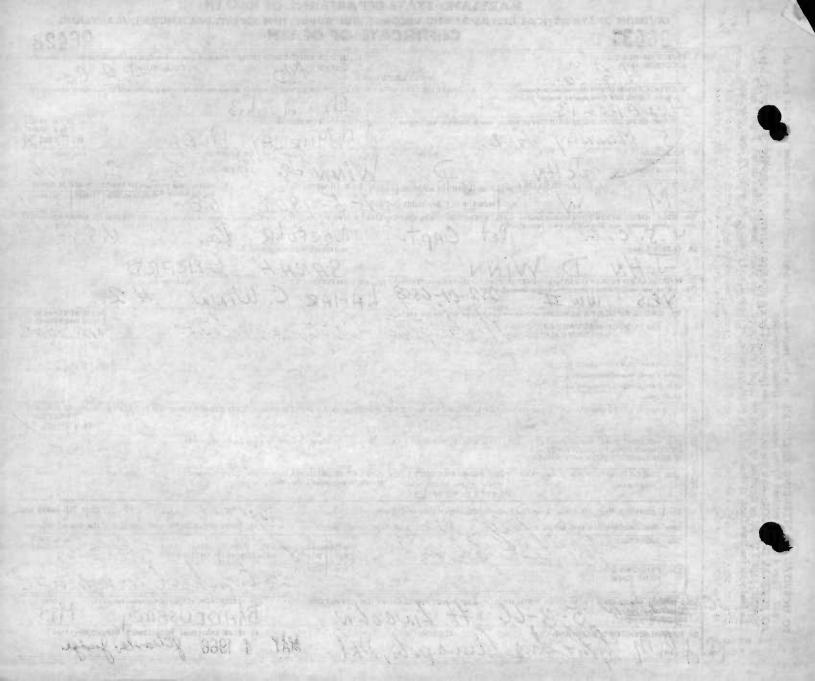
The state of the s THE STORY OF BUILDING AND COMPANY. Eureial 5-19-14 Epst Martoning Hucch Commission Pa. foli M. Lite Ens among Md. MAY 19 1966 8 Lander

	06430 CERTIFICAT	E OF DEATH	06427
	PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Re	sidence before odmission)
53	Anne Arunde I MARYLAND		nne Arundel
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest tawn)
	Annapolis	Annapolis	02-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3	Anne Arundel General Hospital	39 Johnson Place	YES NO
	3. NAME OF First Middle DECEASED (Type or print) Thomas	Lost 4. DATE Month OF WILSON DEATH May	Doy Year 19 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Mon	NDER 1 YEAR   IF UNDER 24 HRS ths Doys Hours Min.
	100 LISUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OF		2. CITIZEN OF WHAT
	during most of working life even if retired)  INDUSTRY	Maryland	COUNTRY?
	13. FATHER'S NAME COM Wilson	Mary Haroks	W)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO.	INFORMANT Address Address	ZOGO huno
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cereliul	buen-en-bugl	ONSET AND DEATH
	Conditions, if ony, which gove )	,	4
	rise to immediate couse (a),	in N	flen.
	stoting the underlying couse lost. (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
	ATION		PERFORMED? YES NO
0	GR CONTRIBUTING CLOUSE OF DEATH	). (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
	Hour o.m.  p.m.  19 While Not While of work	ictory, street, office bldg., etc.)	
	21. I certify that (I) (this bespitel) attended the deceased from.	May 14 , 1966 , to May 19 ,	1900 , that (I)
			an the date stated abov
-	220. SIGNATURE	ATTENDING - MED STAFF	b. DATE SIGNED
1	22c PHYSICIAN'S	A.D. PHYS.	5/20/66
	NAME (Type) Gengan CHUNCH.	121 Cathedral St., Annapo	lis, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 294 NOCATION (City or Town)	(County) (Stote)
	PREMOVAL (Specify) 6 5-25-66 Balene	er VILL (mnan	els Mile
0	24 FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give paerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO X completely 3. NAME OF Middle DATE Month Dey Yee DECEASED OF (Type or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months Days Hours Mln. WIDOWED DIVORCED death certificate 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) done during most of working life, even if retired) Co 13. FATHER'S NAME MAIDEN NAME attending <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgive werordetes of service) been signed by the 18. CAUSE OF DEATH Enter only one ceuse per line for (e) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) Hour e.m. While at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from......, , and that death occurred at 625 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. PUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR'S SIGNATURE 25b SIGNATURE VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before elimission a. COUNTY hours b. COUNTY by the and 2 death. Anne Arundel MARYLAND b. CfTY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) filled in Pages 1 Glen Burnie Ferndale, Glen Burnie executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? papers. n 72 ho NAME OF Eastpark Court YES NO completely 2 Eastpark Court Middle Dey DECEASED OF (Type or print) carbon partition DEATH 19 66 Jay Wrightstone 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthdey) | Months | Devs IF UNDER 24 HRS. and WIDOWED DIVORCED Juha USUAL OCCUPATION (Give kind of work physician please remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working fife, even if retired) any Pennsylvania Trucking usa 14. MOTHER'S MAIDEN NAME 2 attending and Jonathon Wrightstone Sara Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Evelyn B. Wrightstone. same as 2 been signed by the permit. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO affending Conditions, if env. which gave rise to immediate ceuse DUE TO (e), steting the underlying has Ö hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS CERTIFICATION \$ Q PERFORMED? prior NO T use 2De. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc. Not While ŏ et work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from..... 196.9, that (I) (we) last saw the deceased alive on...... OR 22e. SIGNATURE 22b. DATE ATTENDING MED SIGNED death. Page 4 r DIRECTOR PHYS. PHYS. page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Louis J. Glass. 320 Patapsco Avenue, Baltimore Peli 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) S & B Burial Meadowridge Memorial Park Elkridge. Md. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1966 VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06433 CERTIFICATE OF DEATH 06430 pup deot 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission g. STATE b. COUNTY MARYLAND (If autside carparote limits. c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) filled in I ve carbon papers. event, within 72 h e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO carbon 3. NAME OF Middle Lost DATE Dov Year DECEASED 21 OURS 1966 Jones (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. e remove S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years 86 last birthdoy) Manths Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY physician en please Unknown nknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo 60005 signed by the ottending burial-tronsit permit. Th WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give wor ar dates of service Townsoill cremotion, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH NEUMONIA IMMEDIATE CAUSE (o) attending physician. 10day S DUE TO buriol Canditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying cause os the prior ta hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES [ NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Nat While at work ot wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) oftended the deceased fram sow the deceased alive on. and that death occurred M. from couses and on the date stated above. of 22o. SIGNATURE 22b. DATE SIGNER ATTENDING STAFF PHYS. MD DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld

23c. NAME OF CEMETERY OR CREMATORY

OUDON

ADDRESS

requires that the death certificate be executed within 24 hours ofter death

the hospitol or

be retained

BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

151 ED MONDSON AUE

23b. DATE THEREOF

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

(County)

(State)

CHIANG WESTAUSISSU Gye ( WENON-A-19) 10,000 Carrentle Site Hoose it AND TOWN

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06434 CERTIFICATE OF DEATH 06431 death requires that the deoth certificate be executed within 24 hours after death filled in by the funeral popers. Pages 1 and 2 thin 72 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)

Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS mpletely filled 1306 Oak Road NO Y within Anne Arundel General Hospital corbon 3. NAME OF Middle 4. DATE OF First Doy Year DECEASED ZIKA 19 66 Warren Ben jamin DEATH May (Type or print) S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs White 21. Male WIDOWED DIVORCED 1899 Aug. 10o, USUAL OCCUPATION (Give kind of work done NOb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life\_even if retired) the ottending physician sit permit. Then please and Ohio 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removo INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. Address (Yes, no or unknown) (If yes give wor or detes of sorrig CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE þ DUE TO signed b buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO oftending | stating the underlying couse as the O FUNERAL DIRECTOR: After this certificote hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Stote Dept. of Heolth YES NO Page 4 may be retoined by the hospitol or 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this bassisted) attended the deceased fram\_ , 19 65, to May 12, . 1966, that (1) (agaid last saw the deceased alive on May 12. 19 66, and that death occurred of M, from couses and on the date stated above 22b. DATE SIGNED 220. SIGNATURE STAFF 5-12-66 ATTENDING director, poge 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Barber C. Palmer. M.D. 121 Cathedral St., Annapolis, Md. 230. BURIAL CREMATION DATE THEREOF (County) VR A15 (4) 20 M 1/66

